

Printed Name:

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

08 NOV 28 PM 12: 35

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business name	
Name	ne: Complete Address
Jacob Shippy	P.O. 150x 251
sacco suppy	ven Plymouth Id.
	83/255
 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Agriculture 	n and Public Utilities
	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
,	Idaho Secretary of State
The name and address to which future correspondence should be addressed: Po. Box 251	450 N 4th Street PO Box 83720 Boise ID 83720-0080
correspondence should be addressed:	PO Box 83720
correspondence should be addressed: P.O. BOX 25-1 New Plannighth I.C.	PO Box 83720 Boise ID 83720-0080 (208) 334-2301
correspondence should be addressed: P.C. BOX 25-1 New Plancial Lat. 4365-5 Name and address for this acknowledgments	PO Box 83720 Boise ID 83720-0080 (208) 334-2301

IDAHO SECRETARY OF STATE

11/28/2008 05:00

CK: 1262 CT: 231855 BH: 1146358

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