



# 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**

06 APR 17 PM 3:47

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

STONE PRO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>TRISHA ANN JONES</u>	<u>10052 SEISM RD</u>
<u></u>	<u>NAMPA, ID 83686</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

TRISHA ANN JONES  
10052 SEISM RD  
NAMPA, ID 83686

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-713-4027

Signature: \_\_\_\_\_

(signature required)

Printed Name: TRISHA ANN JONES

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn\_forms\abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE  
**04/17/2006 05:00**  
CK: CASH CT: 150010 BH: 949720  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 98855