

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 NOV -5 AM 8:42

D143275

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	Hoste	d Planet		
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	<u>Name</u>		Complete Address	
	Jonathan J. Swain	1333 Ama	aya Circle	
	Blackfoo		ot, ID 83221	
3.	☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture		er the assumed business name is: nd Public Utilities  Submit Certificate of	
	<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>		Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: Jonathan J. Swain		Secretary of State 450 North 4th Street PO Box 83720	
	1333 Amaya Circle	·	Boise ID 83720-0080 208 334-2301	
	Blackfoot, ID 83221	I	200 007 200 I	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		
	1.6		Secretary of State use only	
-	ture:			
	ed Name: Jonathan J. Swain			
pa	city/Title: Owner			
gna	nature:		IDAHO SECRETARY OF STATE 11/05/2010 05:08	
inte	ed Name:		CK: 531 CT: 158010 BH: 124614 1 @ 25.00 = 25.00 ASSUM NAME	

abn.pmd Rev 07/2010