

Capacity/Title:

owner / sole proprietor

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

02 MAY 16 AM 10: 53

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

Manwaring Web Solutions	
The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u> Jarom G Manwaring	
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jarom Manwaring 1516 Spruce Creek Loop Nampa 1D 83686 5. Name and address for this acknowledgme	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Copy is (if other than # 4 above):	——————————————————————————————————————
gnature: Jarom & Manwarring nted Name: Jarom G Manwaring	Secretary of State use only Secretary of State use only 1002/10 pasks 1DAHO SECRETARY OF STATE 15/16/2002 05:0