

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Helping Hands

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

Name

Complete Address

ROBERTA WARD

5203 Mohawk

Pocatello, IDAHO 83204

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): _____

S-A-A

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

Signature

Roberta Ward

Printed Name:

Roberta Ward

Capacity:

MANAGER

(see instruction # 8 on back of form)



98 APR 27 AM 10:32
SECRETARY OF STATE
STATE OF IDAHO
ED

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

1 DAY CERTIFICATE OF ASSUMED NAME ONLY

04/27/1998 09:00
CR: 417 CI: 9/828 BH: 104794

1 @ 20.00 = 20.00 ASSUM NAME

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