	CERTIFICATE OF ASSUM (Please type or print legibly. Se	IED BUS ee instruction	NESS NAME	and order or a company of the compan
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of the SECRETARY OF STATE, STATE OF IDAHO 00 NOV 29 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name (Not STATE) 1. The assumed business name which the undersigned use(s) in the transaction of				
	business is: JOE'S PALLETS		e vende	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	EDWARD 5 THIEL 1138 PARKMEADOWS DR			
	COLLENE THIEL	TWIL	STALLS IDAK	+-
3.	The general type of business transacted une (mark only those that apply)	der the assu	med business name is:	
	☐ Retail Trade ☒ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	Fin	nsportation and Public Uti ance, Insurance, and Real ning	
4.	4. The name and address to which future Phone number (optional): <u>208 - 731 - 370</u> correspondence should be addressed:			
	1138 PARK MEADOSUS D Turn FAUS, IDAHO	P.	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	ıt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		Revision 12/99	Secretary of State use only 10010 SECRETARY OF STATE 11/29/2000 09:00	
Signature: Edward & Mill		Revisi	X: 2514 CT: 139011 BH: 363358 1 0 20.08 = 20.00 ASSUN NAME N	2
Printed Name: EDWARD J. THIEL		n.p65	N 47820	egovernegit de la company
Сарас	(see instruction # 8 on back of form)	g.korpYomslabn.p65	0 (0000	