

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAR -8 PM 1:39

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business	name which the undersigne	ed use(s) in the transaction of business is:
JC'S QUALITY HOME	SERVICES	
2. The individual and/or en	tity names and business a	ddress(es) of those doing business under
the assumed business	name (do <u>not</u> include the name	you listed in #1):
SANDRA A ACOSTA	1520 W. COLORADO CT. NAMPA, ID 83686	
(Name)	(Address)	
3. The general type of busi	iness transacted under the	assumed business name is:
☐ Retail Trade☐ Wholesale Trade☒ Services		☐ Transportation and Public Utilities ☐ Mining ☐ Finance, Insurance, and Real Estate
4. Mailing address for futur	e correspondence:	 Name and address for this acknowledgment copy is (if other than # 4):
SANDRA ACOSTA (Name)		(Name)
1520 W COLORADO C	Т	(Name)
(Address)		(Address)
NAMPA , ID 83686 (City)	(State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: SANDRA A ACOSTA		Secretary of State use only
Signature: <u>Sandina (</u>	Prosta	IDAHO SECRETARY OF STATE
		03/08/2017 05:00
Printed Name:		CK:CASH CT:158010 BH:1572555
Signature:		16 25.00 = 25.00 ASSUM NAME #2
Printed Name:		

Rev. 08/2015