

# 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 **FILED/EFFECTIVE** **AUG 27 AM 9:00**  
gives notice of adoption of an Assumed Business Name. **SECRETARY OF STATE**  
**STATE OF IDAHO**

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

Colorwrite

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

<u>Name</u>	<u>Complete Address</u>
<u>John A. Schoonover</u>	<u>10949 W. Wagon Pass</u>
<u></u>	<u>Boise ID 83709</u>
<u></u>	<u></u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

John A. Schoonover  
10949 W. Wagon Pass  
Boise ID 83709

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

Idaho Independent Bank  
8351 W. Overland Rd.  
Boise ID 83709

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

Secretary of State use only

Signature: [Signature]

Printed Name: JOHN SCHOONOVER

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/87

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IDAHO SECRETARY OF STATE  
08/27/2001 05:00  
CK: NO CK # CT: 150534 DH: 415733  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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