

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED**



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.

Aug 28 10 10 AM '98

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

ACTION PRINTS

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>Robert C. LA POINTE</u>	<u>1410 Vermont av Boise ID</u> <u>83706</u>

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Retail Trade               | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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): \_\_\_\_\_

Robert C. LA POINTE  
1410 Vermont av  
Boise ID 83706

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

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: [Handwritten Signature]

Printed Name: Robert LA POINTE

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/1998 09:00  
CK: 1003 CT: 10240 BH: 140640

1 @ 20.00 = 20.00 ASSUM NAME

D 17819

Revision 2/97  
g:\comp\form\assum.pmf