

Printed Name: _

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

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1.	The assumed business name which the under business is:	rsigned use(s) in the transaction of
	Cornerstone Mar	rtial Arts
2.	The true name(s) and business address(es) of business under the assumed business name: Name Douglas B. McCallum Laurilee M. McCallum	Complete Address 1791 Aqua Circle Ste 7-2 Seur d'Alene, ID 83815
3.	The general type of business transacted under	er the assumed business name is:
4.	Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Cornerstone Martial Arts T791 Aqua Circle Ste 7-2 Coeuc d'Alene 1D 83815	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
	Douglas B. McCallum P.O. Box 3118 Hayden, ID 83835	Secretary of State use only