



# 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**

SECRETARY OF STATE  
STATE OF IDAHO

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

Boise Box Office

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

Name

Tim Carl Snooks

Jennifer Lynn Snooks

Parcel and Post, LLC

#W 19594

Complete Address

730 E. Riverchase Way, Eagle, Id. 83616

730 E. Riverchase Way, Eagle, Id. 83616

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Tim & Jennifer Snooks

1810 W. State Street

Boise, Idaho 83702

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

same as above

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208 342 7678

Cell #: 863-8287

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Tim Carl Snooks

Capacity/Title: \_\_\_\_\_

Manager Member

(see instruction # 8 on back of form)

Information Form 10/1/03  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/08/2003 05:00  
CK: 2241 CT: 158010 BH: 705460  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 69565