



# 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.**

2004 AUG -3 A 8:48  
SECRETARY OF STATE  
STATE OF IDAHO

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

Training Resources

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

<u>Name</u>	<u>Complete Address</u>
<u>Brett Eshelman</u>	<u>1611 N. Horton, Nampa, ID</u> <u>83651</u>
<u>Mimi Yoda-Eshelman</u>	<u>Same</u>

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input 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:

Brett Eshelman  
1611 N. Horton  
Nampa, ID 83651

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

Farmers & Merchants State Bank  
112 2nd Street South  
Nampa, ID 83651

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

Brett Eshelman  
(signature required)

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

Brett Eshelman

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

(see instruction # 8 on back of form)

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): \_\_\_\_\_

Secretary of State use only

078744

IDAHO SECRETARY OF STATE  
08/03/2004 05:00  
CX: 104621 CT: 150010 BH: 750046  
1 @ 25.00 = 25.00 ASSUM NAME # 2