



# 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 gives notice of adoption of an Assumed Business Name.

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

The Sports Bus

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

Name	Complete Address
<u>Mark C. Triplett</u>	<u>705 Simonsen Rd Post Falls ID</u>
<u>Deborah K. Triplett</u>	<u>705 Simonsen Rd. Post Falls ID 83854</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 checked="" type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" 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) (208) 964-0162

The Sports Bus  
705 Simonsen Rd  
Post Falls ID

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

Same

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

IDAHO SECRETARY OF STATE

12/29/2000 09:00  
CK: 4268 CF: 120868 BH: 369070

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Mark C. Triplett

Printed Name: MARK C Triplett

Capacity: Owner

(see instruction # 8 on back of form)

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