

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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.

NO AUG 16 AM 8:49  
STATE OF IDAHO

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

Bookworm

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>Patrick R. McCracken</u>	<u>1209 Mojave St IF ID 83404</u>
<u>Bookworm</u>	<u>637 E 1st St IF ID 83401</u>

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

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

Bookworm  
637 E. 1st St  
IF. ID 83401

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

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

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

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

Printed Name: Patrick R. McCracken

Capacity: sole proprietor

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

08/16/2000 09:00  
CK: NO CK # CT: 134846 BH: 341651

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97  
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Marjri R. McCracken  
manager