



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**

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 EMERGENCY LIBRARIAN

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

DORIS A. OLSEN

340 E. 24th Street, Idaho Falls, ID 83404

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 552 - 9677

Ms. Doris A. Olsen

340 E. 24th Street

Idaho Falls, ID 83404

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

n/a

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

12/14/2000 09:00  
CX: 1985 CT: 139618 BH: 366622

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Doris A. Olsen

Printed Name: DORIS A. OLSEN

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/99

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