



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

05 JUN 24 PM 3:02

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

DEPENDABLE TAX PREPARATION

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>WILLIAM J. BONNER</u>	<u>3547 EAST MACKEY DRIVE</u>
<u></u>	<u>MERIDIAN, ID 83642-3096</u>
<u></u>	<u></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:

WILLIAM J. BONNER  
3547 EAST MACKEY DRIVE  
MERIDIAN, ID 83642-3096

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

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

Phone number (optional):

208-867-8500

Signature: William J. Bonner  
(signature required)

Printed Name: WILLIAM J. BONNER

Capacity/Title: SOLE PROPRIETOR (owner)

(see instruction # 8 on back of form)

Secretary of State use only

ID Corp forms labn, forms labn, p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
06/24/2005 05:00  
CK: 560087 CT: 150010 BH: 817979  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D89092