

FILED &amp; PRACTICED

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



19 AM 8:35

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:

All Seasons Handyman Service

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: Merle Hojem Complete Address: 11300 Hwy 41 # 73  
Post Falls ID 83854

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:

11300 Hwy 41 # 73  
Post Falls, ID 83854

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

Secretary of State use only

Signature: Merle HojemPrinted Name: Merle Hojem

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)

November 2007  
© Comptroller's Office

IDAHO SECRETARY OF STATE  
14/19/2000 09:00  
CK: 312644 CT: 1265 BH: 310405  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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