



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.

08 AUG 16 AM 10:25

STATE OF IDAHO

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

Precision Office Management

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

Dina J. Rorick

240 Quincy St. Twin Falls, ID

83301

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) 734-4209

Precision Office Management

240 Quincy ST.

Twin Falls, ID 83301

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

IDAHO SECRETARY OF STATE

08/16/2000 09:00
CK: 1000 CT: 134853 BH: 341663

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Dina J. Rorick

Printed Name: Dina J. Rorick Dina J. Rorick

Capacity: Owner * Sole Proprietor *

(see instruction # 8 on back of form)

Revision 12/99
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