

# 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.



SECRETARY OF STATE  
STATE OF IDAHO

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

AT YOUR 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

Complete Address

Dawna M. Leaf

P.O. Box 1884, Orofino, Idaho 835441884

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

<input 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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): (208) 476-4525

"AT YOUR SERVICE"

P.O. BOX 1884

Orofino, Idaho 83544

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

*Dawna M. Leaf*

Printed Name: Dawna M. Leaf

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97  
g:\compform\idaho.pdf

IDAHO SECRETARY OF STATE

10/05/1998 09:00  
CK: 1172 CT: 104099 BH: 150935

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## INSTRUCTIONS

1. When required.

a. **Sole proprietorships and general partnerships.**

If a sole proprietor, general partnership or other association of individuals conducts business under a business name which does not include the legal name of each individual who has a financial interest in the business, it must file a Certificate of Assumed Business Name.

b. **Formally organized or registered entities.**

An entity which is organized, registered or admitted to the state by filing its organizational document or qualification papers with the Secretary of State is not required to file a Certificate of Assumed Business Name, except when it conducts business under a name other than its true name which appears on its organizational document or qualification papers. Formally organized or registered entities include corporations, limited liability companies, limited partnerships and limited liability partnerships.

2. One certificate per assumed business name. If a business conducts business under more than one assumed name, it must file a certificate for each assumed business name it uses.

3. Assumed name. Enter in item #1 the assumed business name exactly as is used in conducting the business with the public.

4. True names. For a sole proprietorship or general partnership, enter in item #2 the name and address of each individual who has a financial interest. For a formally organized or registered entity, enter in item #2 the true name exactly as it appears on the organizational or registration document, and its principal business address.

5. Type of business. Check one or more boxes in item # 3.

6. Correspondence address. Enter in item #4 the address to which the Secretary of State should send correspondence concerning this certificate.

7. Acknowledgment address. If you want this certificate returned to a different address from # 4, enter that address in item # 5.

8. Signature. The certificate must be signed by an individual who has actual authority to bind the business to legal obligations. The signer should list his or her capacity, i.e. president, general partner, manager, etc., in the indicated space.