



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2004 DEC 16 AM 9:45

Please type or print legibly.

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

STATE OF IDAHO

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

ATV TRACK Shop

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name                    | Complete Address       |
|-------------------------|------------------------|
| <u>MICHAEL Campbell</u> | <u>9378 WRIGHT RD.</u> |
|                         | <u>MEIDA ID. 83641</u> |

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input 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:

SAME AS ABOVE

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: MICHAEL K CAMPBELL

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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

Phone number (optional):

1-208-896-4257  
NOT TO BE GIVEN OUT

Secretary of State use only

DS2694

IDAHO SECRETARY OF STATE  
12/16/2004 05:00  
CK: 1437 CT: 150010 BH: 781907  
1 @ 25.00 = 25.00 ASSUM NAME # 2