

FILED EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 63-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 MAR 16 AM 11:27

SECRETARY OF STATE  
STATE OF IDAHO

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

WESTLAND PLANNING SERVICES

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

KATHLEEN A. MARCUS

970 W. ORCHARD AVE.  
HAYDEN, ID. 83835-  
9788

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:

WESTLAND PLANNING SERVICES  
970 W. ORCHARD AVE.  
HAYDEN, ID. 83835-9788

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):

208-772-1837

Signature:

Kathleen A. Marcus  
(signature required)

Printed Name:

KATHLEEN A. MARCUS

Capacity/Title:

SOLE PROPRIETOR

(see instruction 8 & 9 on back of form)

Secretary of State use only

n 97452