

D 3748

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE
STATE OF IDAHO



Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name **APR 24 AM 8:59**

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

Gage's Furniture Repair & Refinishing

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 |
|----------------------|---------------------------|
| <u>Tamara S Gage</u> | <u>217 West A. St</u> |
| | <u>P.O. Box 232</u> |
| | <u>Shoshone, Id 83352</u> |

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

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

Tamara Gage
P.O. Box 232
Shoshone, Id 83352

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

First Security Bank
P.O. Box 723
Shoshone, Id 83352

Signature: Tamara S Gage

Printed Name: Tamara S Gage

Capacity: Self employed

(see instruction # 8 on back of form)

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
DATE 04/24/1997
0900 86046 2
CK #: 14000548 CUST#: 80369
ASSUM NAME 10 20.00= 20.00

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