



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, 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.

FILED EFFECTIVE

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

TED'S PRO 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

THEODORE R. SLIVINSKI

210 BOISE ST MONTPELIER, ID 83254

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:

210 BOISE ST

MONTPELIER, ID 83254

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):

IRELAND BANK

PO BOX 218

MONTPELIER, ID 83254

Phone number (optional):

208-847-3100

Secretary of State use only

Signature:

*[Signature]*

(Signature required)

Printed Name: THEODORE SLIVINSKI

Capacity/Title: OWNER

(see instruction # 3 on back of form)

9 to inform state in form state in 165  
Revised 10/2001

IDaho SECRETARY OF STATE  
07/25/2005 05:00  
CK: 1100 CT: 101900 DH: 822933  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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