



# 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.**

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

Anderson Camp

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

E & O Enterprises, LLC

1188 E. 990 S. Eden, ID 83325

W 22354

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:

Patricia J. O'Sullivan

1188 E. 990 S.

Eden, ID 83325

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

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

Phone number (optional):

208-825-9800

Secretary of State use only

Signature:

*P. J. O'Sullivan*

(signature required)

Printed Name:

Patricia J. O'Sullivan

Capacity/Title:

Partner

(see instruction # 8 on back of form)

g:\comp\forms\abn form\abn.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
01/21/2003 05:00  
CK: NO CK # CT: 166651 BH: 657862  
1 @ 20.00 = 20.00 ASSUM NAME # 3

D 61594