

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned <sup>15 CL</sup> <sub>15 12 15 PM '00</sub> gives notice of adoption of an Assumed Business Name.

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

INFINITY WEST, LTD.

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>BARBARA G. LANE</u> | <u>9604 W. CHELAN LN.</u> |
| <u></u>                | <u>BOISE, ID 83714</u>    |
| <u></u>                | <u></u>                   |

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Transportation and Public Utilities            |
| <input checked="" type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Agriculture  | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services        | <input checked="" type="checkbox"/> Construction | <input checked="" type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

BARBARA G. LANE  
9604 W. CHELAN LN  
BOISE, ID 83714

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

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

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

Signature: Barbara G. Lane

Printed Name: BARBARA G. LANE

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/87 g:\corpforms\abn.pmf

IDAHO SECRETARY OF STATE  
Secretary of State use only

03/15/2000 09:00  
CK: CASH CT: 128275 BH: 299409

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 34102