



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

09 MAR 12 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

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:

Dickson Training Service

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 |
|--------------------------|------------------------------------|
| <u>Robert W. Dickson</u> | <u>2048 N. Whitmore Pl</u> |
| _____ _____ _____ | <u>Meridian, Id 83646</u> _____ |

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:

Robert Dickson
2048 N. Whitmore Pl
Meridian, Id 83646

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Robert W. Dickson (signature required)

Printed Name: Robert W. Dickson

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Form 100
Revised 04/2003
g:\com\forms\100\form100.pdf

IDaho SECRETARY OF STATE
03/12/2009 05:00
CK: 3713 CT: 150019 BH: 1161009
10 25.00 = 25.00 ASSUM NAME # 2

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