



# 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.

08 JUN -9 AM 9:32  
SECRETARY OF STATE  
STATE OF IDAHO

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

Mellott Enterprises

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>Charlotte K. Mellott</u>	<u>2509 W Polo Green, PF 83854</u>
<u>Criston L. mellott</u>	<u>2509 W. Polo Green, PF 83854</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:

2509 W. Polo Green  
Post Falls, ID 83854

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):

Mellott Enterprises  
2509 W Polo Green Ave,  
Post Falls, ID 83854

Signature: Charlotte K. Mellott

(signature required)

Printed Name: Charlotte K. Mellott

Capacity/Title: Partner/Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn\_forms\abn.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
06/09/2008 05:00  
CK: 1000 CT: 150010 DH: 1110720  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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