

# 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 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:

Sharma Yoga Studio

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

Hank Echter

PO Box 6615

Ketchum ID 83340

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☒

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): \_\_\_\_\_

Sharma Yoga Studio

Hank Echter

PO Box 6615

Ketchum, ID 83340

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

Bank of America

Cloisene Morgan

PO Box 299

Ketchum, ID 83340

Signature: Hank Echter

Printed Name: HANK ECHTER

Capacity: OWNER

(see instruction # 8 on back of form)

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

\$25.00

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Revision 2/07

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12/03/2003 05:00  
CK: 3760225533 CT: 81933 BH: 714596  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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