

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO <sup>97 OCT 20 AM 11:03</sup>  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name <sup>STATE OF IDAHO</sup>

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

Custom Carpentree Works

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>Rick Allen Wheeler</u>	<u>5.1315 Schilling LP Post Falls ID. 83854</u>
<u>Justin Travis Wheeler</u>	<u>" Same "</u>
<u>Joel Dillon Wheeler</u>	<u>" Same "</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 type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services     | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining                              |

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

Rick Allen Wheeler  
1916, 8<sup>th</sup> Corner of Alene  
Idaho, 83814

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

Theodore B. Wheeler, SR.  
5.1315 Schilling LP.  
Post Falls ID. 83854

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

IDAHO SECRETARY OF STATE  
Secretary of State use only  
10/20/97 1597 894.00  
CK: 16888 CT: 88699 BM: 46184  
1 @ 20.00 = 20.00 ASSUM NAME

Signature: Rick A. Wheeler

Printed Name: Rick A. Wheeler

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97  
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