



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 MAR 10 AM 11:51 KPO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

CJ'S OPALS-N-AT

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>JAMES DONOVAN</u>	<u>3725 EAST SUNNYSIDE RD. Ammon Idaho 83406</u>
<u>Cindy Donovan</u>	<u>3725 EAST SUNNYSIDE RD., Ammon, Idaho 83406</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

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

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

JAMES DONOVAN  
3725 EAST SUNNYSIDE ROAD  
Ammon, Idaho 83406

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

Phone number (optional):

208-572-8191

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

JAMES DONOVAN

Capacity/Title: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/11/2005 05:00  
CK: 2497 CT: 150010 BH: 798070  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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