

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



TO THE SECRETARY OF STATE, STATE OF IDAHO

**FILED/EFFECTIVE**

SEP 25 AM 10:00

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:

(\*) Ident-A-Kid

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
Sandra Chessmore	575 Woodland Drive
	Twin Falls ID 83301

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): \_\_\_\_\_

575 Sandra Chessmore  
575 Woodland Dr.  
Twin Falls, ID 83301

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

D.L. Evans Bank  
Po Box 87  
Twin Falls ID 83301

Signature: Tandra Chessmore

Printed Name: Sandra Chessmore

Capacity: OWNER / operator  
(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/25/2000 09:00  
CK: 951928 CT: 100249 BH: 350376

1 @ 20.00 = 20.00 ASSUM NAME # 2

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