



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

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.

MAR 31 10 46 AM '98

SECRETARY OF STATE

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

CONTINUOUS IMPROVEMENT BUSINESS CONSULTING

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>ARLIN L. EASTMAN</u>	<u>11187 CHAPIN BOISE ID 83709</u>
_____	_____
_____	_____

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

- |                                              |                                        |                                                              |
|----------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input 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 type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-362-1414

ARLIN L. EASTMAN  
11187 CHAPIN  
BOISE ID 83709

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: ARL L. EASTMAN

Printed Name: ARLIN L. EASTMAN

Capacity: SOLE PROPRIETOR

(see instruction # 8 on back of form)

Revision 1/88  
g incorporation.pdf

Secretary of State use only  
 IDAHO SECRETARY OF STATE  
 03/31/1998 09:00  
 CK: 1827 CT: 96613 BH: 96263  
 1 @ 20.00 = 20.00 ASSUM NAME

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