



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2005 OCT 26 AM 9:03
PROCEEDING OFFICE
IDAHO SECRETARY OF STATE

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

THE TRAVELING NOTARY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Claudia Rindlsbach</u>	<u>909 PIONEER Rd.</u>
<u></u>	<u>EMMETT, ID 83617</u>
<u></u>	<u></u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Claudia Rindlsbach
PO Box 1028
EMMETT, ID 83617

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

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

Phone number (optional):

208-899-1154

Secretary of State use only

Signature:

Claudia Rindlsbach
(signature required)

Printed Name:

Claudia Rindlsbach

Capacity/Title:

OWNER/MANAGER

(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/26/2005 05:00
CK: 1018 CT: 158010 RH: 918997
1 @ 25.00 = 25.00 ASSUM NAME # 2

D92985