



# 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**

08 MAY 21 PM 2:42

**SECRETARY OF STATE  
STATE OF IDAHO**

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

The Trainers Corner

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

Name

Derrick Pierce

Complete Address

201 Paradise Ct. Fruitland, ID 83619

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

The Trainers Corner

201 Paradise Ct.

Fruitland, ID. 83619

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Same

Secretary of State use only

Signature: 

(signature required)

Printed Name: Derrick Pierce

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

01/20/12

IDAHO SECRETARY OF STATE  
05/21/2008 05:00  
CK: 113514 CT: 158010 BH: 1116197  
1 E 25.00 = 25.00 ASSUM NAME # 2