

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

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

WALL Street West

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

JACK MULLOWNEY

Complete Address

712 Rimview Dr., Twin Falls, ID 83301

WALT BURDICK

1980 9th Ave E, Twin Falls, ID 83301

GENE STURGILL

567 Polk St. Twin Falls, ID 83301

G. Alex SINCLAIR

P.O. Box C, Twin Falls, ID 83303

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:

WALL Street West

P.O. Box C

Twin Falls, ID 83303

Phone number (optional): 733-6013

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

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

Signature: JACK MULLOWNEY

Printed Name: JACK MULLOWNEY

Capacity: MANAGER/PARTNER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

01/09/2001 09:00  
CK: 1864 CI: 140588 BH: 371623

1 @ 20.00 = 20.00 ASSUM NAME # 2

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