

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.

99 OCT 22 PM 2:34

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of business is:

COMFORT ZONE

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>LYNN R CUNICK</u>	<u>11060 W HICKORY DR</u>
	<u>BOISE, ID 83713</u>

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

- | | | |
|--|--|--|
| <input checked="" 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 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): 208-327-0027

LYNN R CUNICK
11060 W HICKORY DR
BOISE, ID 83713

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

Lynn R Cunick

Printed Name:

LYNN R. CUNICK

Capacity:

SOLE PROPRIETOR

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

10/25/1999 09:00
CK: CASH CT: 92278 BH: 268474

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/87

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