

**FILED EFFECTIVE**

227



# 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.**

**Instructions are included on back of application.**

2014 NOV 14 PM 2:58

SECRETARY OF STATE  
STATE OF IDAHO

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

## Professional Sharpening

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

Name

### Complete Address

Knife Guys, Inc.  
C203413

P.O. Box 2259  
Coeur d'Alene ID 83816

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

Knife Guys, Inc.  
P.O. Box 2259  
Coeur d'Alene, ID 83816

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

Printed Name: Stacy Eastlick

Capacity/Title: Owner

Signature: (208) 660-9044

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

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

**Secretary of State**  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
11/17/2014 05:00

CK:2362530 CT:172099 BH:1449451  
1@ 25.00 = 25.00 ASSUM NAME #2

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