

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:

Personnel Plus

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

Anthony Mayer

4249 N 2700 E, Twin Falls, Idaho 83301

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:

Phone number (optional): _____

Anthony Mayer

111 Filer Avenue

Twin Falls, Idaho 83301

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

U.S. Bank

P.O. Box 509

Twin Falls, Idaho 83303-0509

Signature: Anthony Mayer

Printed Name: Anthony Mayer

Capacity: PRESIDENT

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/15/1997 09:00
CK: 1620 CT: 1250 BH: 30032

10 20.00 - 20.00 ASSUM NAME

D 7257