



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 FEB -2 AM 9:42

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

PBS

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      |
|-------------------|-----------------------|
| <u>Joetta Abo</u> | <u>1261 B W 100 S</u> |
|                   | <u>Paul, Id 83347</u> |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> <sup>(Tour Guide)</sup> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction   |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture  |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |   |

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

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

✓ Joetta Abo  
1261 B W 100 S  
Paul, Id 83347

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

Same as Above

Signature: Joetta Abo  
(signature required)

Printed Name: Joetta Abo

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
02/02/2009 05:00  
CR: 533 CT: 158818 BN: 1155154  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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