



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED/EFFECTIVE

01 APR 27 AM 10:15

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:

The Buck Stop

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

<u>Name</u>	<u>Complete Address</u>
<u>Don T Bell</u>	<u>2720 W 1000 N. Malad, Id 83252</u>
<u>Alma Bell</u>	<u>2720 W. 1000 N. Malad, Id. 83252</u>

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

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

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

Don Bell  
Leasf 100 North  
Malad, Id 83252

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

Don Bell  
2720 W. 1000 N.  
Malad, Id. 83252

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

Phone number (optional):

208-766-7595

Secretary of State use only

IDAHO SECRETARY OF STATE

04/27/2001 09:00  
CK: 4 CT: 145642 BH: 393873

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Don T. Bell

Printed Name: Don T. Bell

Capacity: Owner

(see instruction # 8 on back of form)

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