

Signature:\_\_

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned J COT 24 Pil 12: 1/5 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersign business is:	ned use(s) in the transaction of
	Domain Recognit	tion
2.	business under the assumed business name:	entity or individual(s) doing
	Name	Complete Address
	David Lewis	P.O. Box 2275
		Pocatello, ID
		83206-2275
3.	The general type of business transacted under the	assumed business name is:
	Retail Trade Transportation and P	ublic Utilities
<b>4</b> . <b>5</b> .	Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
	same as #4	Secretary of State use only
	d Name: David Lewis David Lewis	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

10/24/2005 05:00

CK: 1107 CT: 158010 BH: 918620
1 0 25.00 = 25.00 ASSUM NAME # 2

D92902