



# 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

98 JUN -8 PM 2:05

SECRETARY OF STATE  
STATE OF IDAHO

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

ASCENT STUDIO

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

TIMOTHY G. GERLITZ P.O. Box 3359

HAYDEN, IDAHO 83835

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): \_\_\_\_\_

TIM GERLITZ

P.O. Box 3359

HAYDEN, IDAHO 83835

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

SAME

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

Signature: \_\_\_\_\_

Timothy G. Gerlitz

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

TIMOTHY G. GERLITZ

Capacity: \_\_\_\_\_

SOLE PROPRIETORSHIP

(see instruction # 8 on back of form)

Revision 1/88

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Secretary of State use only  
IDAHO SECRETARY OF STATE

06/08/1998 09:00  
CK: 1743 CT: 99786 IN: 117698

1 @ 20.00 = 20.00 ASSUM NAME

DISCU