



# CERTIFICATE OF ASSUMED BUSINESS NAME

# FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

05 APR -6 PM 2:15

SECRETARY OF STATE  
STATE OF IDAHO

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

ARMONIA RESOLUTIONS

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

MICHAEL SHAW

1118 E. JEFFERSON STREET

Boise, ID 83712

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

- |                                     |                                     |                          |                                     |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/>            | Retail Trade                        | <input type="checkbox"/> | 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 |                          |                                     |

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

MICHAEL SHAW

1118 E. JEFFERSON STREET

Boise, ID 83712

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

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

Phone number (optional):

208-345-6104

Secretary of State use only

Signature: M. O. Shaw  
(signature required)

Printed Name: Michael Shaw

Capacity/Title: PRINCIPAL

(see instruction # 8 on back of form)

Instruction forms abp65  
Revised 04/2003

IDaho SECRETARY OF STATE  
04/06/2005 05:00  
CX: 588431 CT: 172099 BH: 803112  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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