



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2007 APR 18 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

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

Terri's Top Contract Delivery Service

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

Terri L. Byrne

2320 Kenmere Dr.

Meridian ID 83646-1676

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

- | | |
|--|---|
| ☐ Retail Trade | ☒ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

Terri's Top Contract Delivery Service
2320 Kenmere Dr.
Meridian, ID 83646-1676

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):

N/A

Phone number (optional):

Signature: _____

(signature required)

Printed Name: Terri L. Byrne

Capacity/Title: Owner/President

(see instruction # 8 on back of form)

Secretary of State use only

g:\acpt\forms\abn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
04/18/2007 05:00
CK: 5577 CI: 158818 BH: 1847789
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 110584