



# 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

05 MAY 24 PM 2:38

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

MOUNTAIN ATTIC

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>DUANE GIBLER</u>	<u>305 N 3<sup>rd</sup> St McCall, ID</u>
<u>ROSE ANN REEDER</u>	<u>305 N 3<sup>rd</sup> St " " 83638</u>
<u>TREASURER - SECRETARY</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 checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

305 305 N 3<sup>rd</sup> St  
McCall, ID 83638

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):

208-634-4055

Secretary of State use only

Signature: Duane Gibler  
(signature required)

Printed Name: DUANE GIBLER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
05/24/2005 05:00  
CK: CASH CT: 150010 BH: 012360  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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