



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

11 JUN -6 AM 10: 01

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.

Instructions are included on back of application.

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

Armbrust Merchant Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Rhonda Armbrust

Complete Address

2342 Lakeshore Drive Sagle ID 83860

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:

Rhonda Armbrust

2342 Lakeshore Drive

Sagle ID 83860

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Rhonda Armbrust

Printed Name: Rhonda Armbrust

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
06/07/2011 05:00
CK: 6641 CT: 158818 BH: 1277135
1 @ 25.00 = 25.00 ASSUM NAME # 2

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