



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

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

Palisades Outfitting and Guided Tours

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

Carlos Christensen

1583W 200N

Blackfoot ID 83221

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): _____

Carlos Christensen

1583W 200N

Blackfoot ID 83221

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

Signature Carlos Christensen

Printed Name Carlos Christensen

Capacity Licensed outfitter

(see instruction # 6 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

04/03/2000 09:00
CK: 4458 CT: 129218 BH: 385147

1 @ 20.00 = 20.00 ASSUM NAME # 2

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