



# 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.

2003 APR 16 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

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

Make Ready, C.P.M.

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

Name Deborah Lee Bandy Complete Address 2355 Russell Ridge Rd, Nez Perce, ID 83543  
DONAH D. GLADE SAME AS ABOVE

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:

2355 Russell Ridge Rd  
Nez Perce, ID 83543

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

SAME AS ABOVE

Signature: Deborah Lee Bandy  
(signature required)

Printed Name: Deborah L. Bandy

Capacity/Title: Co-owner (partner)  
(see instruction # 8 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

Phone number (optional):

208-790-7190

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/16/2003 05:00  
CK: none CT: 169187 BH: 674979  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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