



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

Business Entities

www.idsos.state.id.us/

2005 APR -5 AM 8:50

STATE OF IDAHO

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

FLIP OF A COIN ENTERPRISES

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

JOHN JOSEPH O'BRIEN

2588 E. CHERRY HILL RD.

DEBRA MAUREEN O'BRIEN

COEUR D'ALENE, ID 83814-6076

(owner & co-owner)

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:

JOHN JOSEPH O'BRIEN

2588 E. CHERRY HILL RD.

COEUR D'ALENE, ID 83814-6076

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):

208-664-8613

Signature_____

John Joseph Green
(signature required)

Printed Name: JOHN JOSEPH O'BRIEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/05/2005 05:00
CK: 3667 CT: 158018 RH: 802822
1 @ 25.00 = 25.00 ASSUM NAME # 2

Revised 04/0002

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