



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

03 SEP 15 PM 3:37

SECRETARY OF STATE
STATE OF IDAHO

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

Advanced Handpiece Express

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

Name

Robert Scott Thomas
Carrie Lynn Thomas

Complete Address

1812 Grouse st
Na mpa Idaho
83651

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:

Same

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

Same

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

2500

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-461-4160

Secretary of State use only

Signature:

Carrie L. Thomas

Printed Name:

Carrie L. Thomas

Capacity:

(see instruction # 8 on back of form)

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Revised 01/2001

IDAMO SECRETARY OF STATE
09/15/2003 05:00
CK: 91534895012KAM CT: 172099 BH: 701811
1 0 25.00 = 25.00 ASSUM NAME # 2

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