

227



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

03 JUL 28 PM 1:42

SECRETARY OF STATE
STATE OF IDAHO

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

Deio Drop Diapers and Incontinence Supplies

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

Travis Christoperson

1311 4th St South Nampa, Id 83651

Nicole Christoperson

1311 4th St South Nampa, Id 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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

1311 4th St South Nampa, Id 83651

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

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

Phone number (optional):

208-463-4776

Secretary of State use only

Signature: Travis Christoperson

(signature required)

Printed Name: Travis Christoperson

Capacity/Title: Owner

(see instruction # 8 on back of form)

ID 53-504 (Rev. 12/02)

IDAHO SECRETARY OF STATE
07/28/2003 05:00
CK: CASH CT: 150010 DN: 693417
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 67492