

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:

Dew Drop Diapers and Incontinence Supply's

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

Name

Travis Christoperson

Nicole Christoperson

Complete Address

1311 4th St South Nampa, Id 83651

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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

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):

208-463-4776

Signature: T. Christoperson
(Signature required)

Printed Name: Travis Christoperson

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

Information for
Businesses
Form 53-504

IDAHO SECRETARY OF STATE
07/28/2003 05:00
CK: CASH CT: 158018 BH: 693417
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 67492