



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**  
2003 JUN 30 7 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

All American Remodel

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
<u>JOSEPH WALKER</u>	<u>216 E. SHERMAN AVE</u>
<u></u>	<u>NAMPA ID</u>
<u></u>	<u>83686</u>

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 checked="" 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 |                                                              |

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

4. The name and address to which future correspondence should be addressed:

JOSEPH WALKER  
216 E. SHERMAN AVE  
NAMPA ID. 83686

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

Phone number (optional):

Signature

Joseph Walker  
(signature required)

Printed Name:

JOSEPH WALKER

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

9:\comp\forms\abn\_forms\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
06/30/2003 05:00  
CK: 1337 CT: 150010 BH: 600499  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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