

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

06 FEB 27 AM 11:06

SECRETARY OF STATE
STATE OF IDAHO

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

Independent Classics

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

Name _____

Wildon C. Schmeckpeper

Complete Address

1303 North 10th Street

Boise, ID 83702

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 | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Submit
Assume
Name: </div> |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction | |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture | |
| <input checked="" 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:

1303 North 10th Street

Boise, ID 83702

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Easement West
P.O. Box 83720
Eois ID 83720-0080
208 334-2301

- 5 Name and address for this acknowledgment
COPY IS (if other than # 4 above):

Phone number (optional):

208.713.3946

Signature:

(signature required)

Printed Name: Wildon C. Schmeckpeper

Capacity/Title:	Owner
-----------------	-------

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/27/2006 05:00
 CK: 1444 CT: 158010 BH: 939813
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 96920