

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

PHANTOM SCREENS-OF MAGIC VALLEY

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

Name MALONE : ASSOCIATE Complete Address 2945 ROCK CREEK RD HANSUN ID 83384  
COUNTERTOP REPAIR & REFINISHING, LLC  
(W 12246)

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208-423-5599

SAME AS ABOVE

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

SAME

Signature: [Signature]

Printed Name: KARL MALONE

Capacity: OWNER-MANAGER

(see instruction # 8 on back of form)

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/31/2000 09:00  
 CK: 3845 CT: 132563 BH: 357955

1 @ 20.00 = 20.00 ASSUM NAME # 2

D40149

FILED/EFFECTIVE