



# CERTIFICATE OF ASSUMED BUSINESS NAME

DEC 19 2014

SECRETARY OF STATE  
STATE OF IDAHO

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

~~Please type or print legibly.~~

Instructions are included on back of application.

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

DC3

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

DARLEEN M CASTILLO

DC3

4075 E EVERGREEN DR

POST FALLS, ID 83854-9846

3. The general type of business transacted under the assumed business name is:

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input 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 |   |

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

DC3

4075 E EVERGREEN DR

POST FALLS, ID 83854-9846

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

Signature:

*Darleen Castillo*

Printed Name: DARLEEN M CASTILLO

Capacity/Title: Owner

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2014 05:00

CK:2437844 CT:172099 BH:1453759

10 25.00 = 25.00 ASSUM NAME #2

D175597