



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

2003 NOV 17 PM 2:19

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.**

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

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

Seaport Glass & Windows

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

Name  
Mike + Jill Walton  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete Address  
922 Gun Club Rd.  
Lewiston, ID 8350  
208-743-1750

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Construction
<input checked="" 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:

Mike and/or Jill Walton  
PO. Box 1823  
Lewiston, ID 83501

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):

208-743-2113

Secretary of State use only

Signature: Jill Walton  
(signature required)

Printed Name: Jill Walton

Capacity/Title: Owner/Secretary

(see instruction # 8 on back of form)

g1corpformsabn/formsabn.p65  
Revised 04/2003

IDAHo SECRETARY OF STATE  
11/17/2003 05:08  
CK: 1081 CT: 158010 BH: 712159  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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