

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 JUL 20 P 12:04

CLERK 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:

Teton Valley Ta Vaci - School of Performing Arts

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

Sally Coburn

491 S. 200 E., Victor ID 83455

Amanda Birch

P.O. Box 1166, Driggs, ID 83422

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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:

Teton Valley Ta Vaci
attent: Sally Coburn
491 S. 200 E., Victor ID 83455

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

Phone number (optional):

208-787-2963

Secretary of State use only

Signature: Sally Coburn

(signature required)

Printed Name: Sally Coburn

Capacity/Title: _____

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
 07/20/2004 05:00
 CK: 720121200124 CT: 172099 BH: 756434
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D78362



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
JUL 20 2004

SECRETARY OF STATE
IDAHO

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

RESIDENTIAL DRAFTING SERVICES

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

MICHAEL L. WORKMAN

1725 W LYON CT.

COEUR D'ALENE, ID. 83815

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 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:

1725 W LYON COURT
COEUR D'ALENE, ID. 83815

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):

Bank of America
3557 W VanBeld Ave
COEUR D'ALENE, ID. 83815

Phone number (optional):

667-6332

Signature: Michael L. Workman

(signature required)

Printed Name: MICHAEL L. WORKMAN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
07/20/2004 05:00
CK: 9700146055 CT: 150010 BH: 756386
1 @ 25.00 = 25.00 ASSUM NAME # 2

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