

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 uses in the transaction of business is:

POLZIN & ASSOCIATES

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	Complete Address	APT
<u>JAMES J. POLZIN</u>	<u>2501 E SHERMAN AVE</u>	<u>#116</u>
<u>LINDA M. POLZIN</u>	<u>COEUR D'ALENE, ID</u>	
	<u>83814</u>	

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

- | | | |
|--|--|--|
| <input 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 checked="" 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): 208-664-2263

JAMES J. POLZIN
LAKE VILLA #116
2501 E SHERMAN AVE
COEUR D'ALENE, ID 83814

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

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

Signature: James J. Polzin

Printed Name: JAMES J. POLZIN

Capacity: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/26/2003 05:00
CK: 1007 CT: 150010 BH: 713705
1 @ 25.00 = 25.00 ASSUM NAME # 2

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