

**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.

Please type or print legibly.

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

2005 APR 11 AM 9:35

SECRETARY OF STATE  
STATE OF IDAHO

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

Elbow Grease

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

Charlean Clark

6107 Comanche St., Bonners Ferry ID 83805

Errinn Symonds

PO Box 1501, Bonners Ferry ID 83805

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 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:

Charlean Clark

6107 Comanche Street

Bonners Ferry ID 83805

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

SAME

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

Phone number (optional):

(208) 290-4083 / 3884

Secretary of State use only

Signature:

Charlean Clark / Errinn Symonds  
(signature required)

Printed Name:

Charlean G. Clark / Errinn E. Symonds

Capacity/Title:

owner / co-owner

(see instruction # 8 on back of form)

g:\corp\form\slabn\form\slabn.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/11/2005 05:00  
CK: 1032 CT: 150010 BH: 003737  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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