



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO 98 OCT 27 AM 8:42
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name STATE OF IDAHO

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

The MAIDS QUARTERS

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

DeLynn WANDERS

2101 SHELLEY DR

PAVE HE ID 831601

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

SAME AS ABOVE

Phone number (optional): _____

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

Signature: DeLynn WANDERS

Printed Name: _____

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State's Office

10/27/1998 09:00
CK: 735 CT: 105800 BH: 156511

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 19312