



CERTIFICATE OF ASSUMED BUSINESS NAME **FILED/EFFECTIVE**

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

02 JUN 24 PM 3:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

DAVID JOHNSON

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

<u>Name</u>	<u>Complete Address</u>
<u>Property Management of Base</u>	<u>P.O. Box 44381 Base</u>
<u>IDAHO</u>	<u>83711</u>
<u>W19740</u>	

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

DAVID JOHNSON P.O. Box 44381
Boise IDAHO 83711

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

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

Phone number (optional):

Signature: [Signature]

Printed Name: TRAVIS CLARKE

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\idaho\form\idaho.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
06/24/2002 05:00
CK: CASH CT: 161427 BH: 473652
1 @ 20.00 = 20.00 ASSUM NAME # 5

D 56033