

227



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.

2004 JUL -9 PM 4:01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
OF IDAHO

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

Affordable Inflatables

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

Scott Buckley

415 15th Ave. South, Nampa, Idaho, 83686

Heather Buckley

415 15th Ave. South, Nampa, Idaho, 83686

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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:

Affordable Inflatables

415 15th Ave. South

Nampa, ID, 83686

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

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) 467-2535

Secretary of State use only

Signature: _____

(signature required)

Scott Buckley

Printed Name: _____

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

g:\corp\forms\abn_forms\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
07/09/2004 05:00
CK: 7940537805KDW CT: 172099 DH: 754754
1 @ 25.00 = 25.00 ASSUM NAME # 2

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