



# 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.**

**FILED EFFECTIVE**  
2004 MAY 24 AM 9:39  
STATE OF IDAHO

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

Balloons-n-Funtimes

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
<u>Joseph E/Maxine M Baird</u>	<u>529 Bluebird Dr</u>
<u>BAIRD</u>	<u>Chubbuck, ID 83202</u>

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade - <u>BLNS</u> | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                       | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services - <u>AD</u>       | <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:

Joseph Baird  
529 Bluebird Dr  
Chubbuck, ID 83202

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Joseph E. Baird  
(signature required)

Printed Name: \_\_\_\_\_

Joseph E. Baird

Capacity/Title: \_\_\_\_\_

CEO - Balloons-n-Funtimes

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and ~~\$25.00~~ fee to:  
\$35.00

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-237-7485

Secretary of State use only

g:\corp\forms\labn form\labn.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
05/24/2004 05:00  
CK: 25394 CT: 179454 BH: 746628  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D76581