

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO  
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:

Dreammaker

Since 1960

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
<u>Bob Anderson</u>	<u>4245 Wanda St IDAHO FALLS</u>
<u>Spencer I Anderson</u>	<u>4245 Wanda St IDAHO FALLS</u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Dreammaker  
4245 Wanda St  
IDAHO FALLS ID 83406-6876

Phone number (optional):

522-8770

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

Dreammaker  
PO Box 2659

IDAHO FALLS ID 83404-2659

Signature: Bob A

Printed Name: Bob Anderson

Capacity: President

(see instruction # 8 on back of form)

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

Secretary of State use only  
IDAHO SECRETARY OF STATE

07/06/1998 09:00  
CK: 10315 CT: 101063 IN: 125307

1 @ 20.00 = 20.00 ASSUM NAME

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