



# 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.**

11 AUG -5 AM 9:16  
SECRETARY OF STATE  
STATE OF IDAHO

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

Office Express

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

Angela Perkins

PO Box 728, New Meadows, ID 83654

Cheryl Bruce

PO Box 728, New Meadows, ID 83654

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 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 |                                                              |

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

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

Office Express  
PO Box 728  
New Meadows, ID 83654

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

Phone number (optional):

208-347-4188

Secretary of State use only

Signature:

Cheryl Bruce Angela Perkins

Printed Name:

Cheryl Bruce ANGELA PERKINS

Capacity:

Partner PARTNER

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE  
08/10/2001 05:00  
CK: 1010 CT: 149932 BH: 412937  
1 0 20.00 = 20.00 ASSUM NAME # 3

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