



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.

2002 JUL -5 AM 9:53

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:

The Door Doctor

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>Harold Schoenfeld</u>	<u>7727 Nth 4th St.</u>
	<u>Dalton Gardens</u>
	<u>Idaho 83815</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 checked="" 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:

Harold Schoenfeld
7727 N. 4th St.
Dalton Gardens Id.

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:

Harold Schoenfeld
(Signature required)

Printed Name:

Harold Schoenfeld

Capacity/Title:

Owner

(see instruction # 8 on back of form)

9 corp form 1201 Rev 12/2001
p65

Secretary of State use only

IDAHO SECRETARY OF STATE
07/05/2002 05:00
CK: 2035 CT: 158018 BH: 475663
1 e 20.00 = 20.00 ASSUM NAME # 2

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