



# 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.**

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

SUNSACTIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

SUNSACTIONS

Bob Roberts

Complete Address

P34 Twp Ave. #2100

TWIN FALLS, ID 83301

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 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:

Same as above

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):

208-736-7486

Signature: Bob Roberts

Printed Name: Bob Roberts

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

104/19/2002 05:00  
Lk: 1127 CT: 00013 BH: 460420  
1 # \$0.00 = 20.00 ASSUM NAME # 2

D54/27