



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## FILED EFFECTIVE

Please type or print legibly.

**NOTE: See Instructions on reverse before filling.**

2007 JAN 23 AM 8:23

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

TROLLING SOLUTIONS

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

DANIEL COVEY

2867 MASTERS DR

COEUR D'ALENE, ID

83815

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 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:

DANIEL COVEY

2867 MASTERS DR

COEUR D'ALENE, ID 83815

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

n/a

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

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

Phone number (optional):

Signature: Daniel Covey

(signature required)

Printed Name: DANIEL COVEY

Capacity/Title: OWNER

(see Instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/23/2007 05:00  
CK: 3494 CT: 158818 BH: 1827965  
1 \* 25.00 = 25.00 ASSUM NAME # 2

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