



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.

RECEIVED
STATE OF IDAHO
3 32 PM '98

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

Capp Caulking

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>Kelly R. Teare</u>	<u>21860 Towns Circle #720 Caldwell, ID</u>
<u>Tereci L. Teare</u>	<u>same as above</u>

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

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

- The name and address to which future correspondence should be addressed: Phone number (optional): 459-7738

Kelly R Teare
21860 Towns Circle #720
Caldwell, ID 83605

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

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

Signature: Kelly Teare
 Printed Name: Kelly R. Teare
 Capacity: owner

(see instruction # 8 on back of form)

Revision 1/98 g:\corp\form\alabn.pdf

Secretary of State use only
 IDAHO SECRETARY OF STATE
 07/27/1998 09:00
 CK: CASH CT: 101919 BH: 131102
 1 @ 20.00 = 20.00 ASSUM NAME

D 16941