



# 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.

03 JAN 11 PM 4:24

SECRETARY OF STATE  
STATE OF IDAHO

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

Idaho Notaries

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

Name

Nick L. Alonzo

Shirley D. Alonzo

Complete Address

4893 N. Anchor Ave., Boise, ID 83703

4893 N. Anchor Ave., Boise, ID 83703

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:

Nick L. Alonzo

4893 N. Anchor Ave.

Boise, ID 83703

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

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

Phone number (optional):

Secretary of State use only

Signature:

*Nick L. Alonzo*  
(signature required)

Printed Name:

Nick L. Alonzo

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/12/2006 05:00  
CK: 1265 CT: 158010 BH: 931617  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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