



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

08 MAR -4 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

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:

Locks Plus

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

Name

Chip Smith

Complete Address

1933 NW 12th St. Meridian, ID 83646

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:

Chip Smith

1933 NW 12th St.

Meridian, ID 83646

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: CHIP SMITH

(signature required)

Printed Name: Chip Smith

Capacity/Title: Owner

(see instruction # 8 on back of form)

91corp/forstatenformstainb/p65
Revised 04/2003

IDABO SECRETARY OF STATE
03/04/2008 05:00
CK: 5343 CT: 158818 BH: 1102637
1 @ 25.00 = 25.00 ASSUM NAME # 2

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