



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.

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

"POTS BY HOBIE"

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

Name	Complete Address
BARBARA HOBART	26866 COEUR D'ALENE RIVER RD.
J.D. HOBART	26866 COEUR D'ALENE RIVER RD.
	Wallace ID. 83873

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

<input checked="" 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 type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208 682 4989

BARBARA HOBART
26866 COEUR D'ALENE RIVER RD.
Wallace IDAHO 83873

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

Secretary of State use only

Signature: _____

Printed Name: BARBARA HOBART

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/89

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IDAHO SECRETARY OF STATE
06/03/2002 05:00
CK: 1919 CT: 150010 BH: 469224
1 @ 20.00 = 20.00 ASSUM NAME # 2

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