



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:

COUCH'S OUT OF THE WEST

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

THOMAS COUCH

434 6th AVE W. TWIN FALLS, ID

LOIS COUCH

434 6th AVE W. TWIN FALLS ID.
83301

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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): _____

COUCH'S OUT OF THE WEST
434 6th AVE WEST
TWIN FALLS, IDAHO 83301

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

Same as # 4

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: Thm & Lois

Printed Name: THOMAS COUCH

Capacity: Owner

(see instruction # 6 on back of form)

IDAHO SECRETARY OF STATE

06/20/2000 09:00
CK: 021363189 CT: 132626 BH: 327889

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 36791