



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

JUL 12 11 07 AM '01

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRET STATE OF IDAHO

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

P.J.'S Specialties

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

<u>Name</u>	<u>Complete Address</u>
<u>PATRICK J Reindel</u>	<u>3205 Sunshine Lane</u>
	<u>Caldwell ID 83607</u>

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 checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

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

PATRICK J Reindel  
3205 Sunshine Ln.  
Caldwell ID 83607

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional): \_\_\_\_\_

Signature: Patrick Reindel

Printed Name: PATRICK J Reindel

Capacity: owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
07/12/2001 09:00  
CX: 1250 CT: 125560 BH: 407541  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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