

Printed Name: ____

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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.

Please type or print legibly. NOTE: See instructions on reverse before filing. 2006 SEP -7 AM 9: 17

Coral Fanatics 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Christopher Conk	1390 Peregrine Dr.
	Middleton, ID 83644
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 1390 Peregrine Dr. Middleton, ID 83644	on and Public Utilities n Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above).	nent Phone number (optional): 208-585-2209
	Secretary of State use only

D103473

09/07/2006 05:00 CK: 1193 CT: 182413 BH: 973848 1 8 25.88 = 25.88 ASSUM NAME # 2