



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED** **RECEIVED**

01 MAY -7 AM 10:24

Please type or print legibly.

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

SECRETARY OF STATE  
STATE OF IDAHO

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

D AND T FINDERS SERVICE

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

Name

Complete Address

DORIS MICHAEL

285 WATERTOWER RD. ST. MARIES, ID. 83861

TORI POESY

1141 CRANE CREEK RD. POTATCHE, ID. 83855

JUDY TURNER

1803 MAIN AVE. ST. MARIES, ID. 83861

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 |                                                              |

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:

DORIS MICHAEL  
285 WATERTOWER RD.  
ST. MARIES, ID. 83861

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

Phone number (optional):

Signature: Doris Michael

Printed Name: DORIS MICHAEL

Capacity: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/07/2001 09:00  
CK: 78697 CT: 146038 BH: 395543

1 @ 20.00 = 20.00 ASSUM NAME # 2

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