



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2008 AUG -1 PM 3:30

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:

POST FALLS BIKES SHOP

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

WALTER N. VAUGHAN

108 W. 17th AVE

POST FALLS, ID

83854

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input 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 \$25.00 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:

POST FALLS BIKES SHOP

108 W. 17th AVE

POST FALLS, ID 83854

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

WALTER N. VAUGHAN

108 W. 17th AVE

POST FALLS, ID 83854

Signature: Walter N. Vaughan
(signature required)

Printed Name: WALTER N. VAUGHAN

Capacity/Title: OWNER/OPERATOR

(see instruction # 8 on back of form)

Phone number (optional):

(208) 777-2036

Secretary of State use only

0123793

IDAHO SECRETARY OF STATE
08/01/2008 05:00
CK: 138022 CT: 172099 BH: 1129914
1 @ 25.00 = 25.00 ASSUM NAME # 2