



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 MAY 27 AM 8:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Wallace Taxidermy

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

Todd Wallace
Michelle Wallace

HCR 61 Box 146 AB
Bonniers Ferry, ID 83805

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

HCR 61 BOX 146 AB
Bonniers Ferry, ID
83805

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

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

same

Phone number (optional):

Signature: Todd Wallace

(signature required)

Printed Name: Todd Wallace

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporations\forms\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
05/27/2004 05:00
CK: 1176 CT: 158018 BH: 747426
1 @ 25.00 = 25.00 ASSUM NAME # 2

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