



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 APR 13 AM 8:37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

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

D. C. Flies and Lies.

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

Dale Melvin Casper

2191 Calico Dr. Idaho Falls, Id 83402

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

- ☒ Retail Trade  
☐ Wholesale Trade  
☐ Services  
☐ Manufacturing  
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities  
☐ Construction  
☐ Agriculture  
☐ Mining

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

Dale M. Casper

2191 Calico Dr.

Idaho Falls, Id. 83402

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

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

Signature:

Dale M. Casper  
(signature required)

Printed Name:

Dale M. Casper

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\compforms\stain form\stain.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/13/2009 05:00  
CK: 11126 CT: 158818 DH: 1165488  
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