



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED
99 FEB 17 AM 8:19
SECRETARY OF STATE
STATE OF IDAHO

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

CAULKING COMPANY

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

Name

Complete Address

MIKE ROBINSON

730 Megan Ct. Nampa, Id 83686

CONNIE ROBINSON

730 Megan Ct Nampa, Id 83686

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

MIKE ROBINSON

730 Megan Ct.

Nampa Id. 83686

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

Signature: Mike Robinson

Printed Name: MIKE ROBINSON

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

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

Secretary of State use only
IDAHO SECRETARY OF STATE

02/17/1999 09:00
CK: 644 CT: 111191 BH: 188687

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 1/98

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