



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 OCT 23 AM 8:47

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:

Trinity C

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

Steve Campbell

3975 Campbell Rd New Meadows ID 83654

Debra Campbell

3975 Campbell Rd New Meadows ID 83654

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 type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Steve or Debra Campbell

3975 Campbell Road

New Meadows ID 83654

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

Phone number (optional):

208-347-2467

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

FILED EFFECTIVE

2003 OCT 30 AM 8:58

Signature:

Steve Campbell
(signature required)

Printed Name:

Steve Campbell

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\labn form\labn.p65
Revised 04/2003

NO. 10/30/2003 05:00
CK: 3379 11:15:10 BH: 709167
1 @ 25.00 = \$25.00 ASSUM NAME # 2

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