



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

NOV 24 11:09:00  
STATE OF IDAHO

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

ADOBE JEWELRY

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

<u>Name</u>	<u>Complete Address</u>
<u>Clinton R Foster</u>	<u>213 N LINCOLN ST</u>
<u>JV Knudson</u>	<u>JEROME ID 83338</u>

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:

ADOBE JEWELRY  
213 N LINCOLN  
JEROME ID 83338

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

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

Phone number (optional): \_\_\_\_\_

Signature: Clinton R Foster  
(signature required)

Printed Name: CLINTON R FOSTER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Secretary of State use only  
**D 82173**

IDAHO SECRETARY OF STATE  
11/24/2004 05:00  
CK: 198 CT: 183939 BH: 778416  
1 @ 25.00 = 25.00 ASSUM NAME # 2