



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED

(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.

Oct 26 9 27 AM '98

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

ABSOLUTE PERFORMANCE

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

<u>Name</u>	<u>Complete Address</u>
<u>KENNETH W HAWK</u>	<u>1192 TARGEE BOISE ID 83706</u>
<u>CHRISTINE B HAWK</u>	<u>1192 TARGEE BOISE ID 83706</u>

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

- |                                                  |                                        |                                                              |
|--------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <input checked="" 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 type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

- 4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

KENNETH W HAWK DBA  
ABSOLUTE PERFORMANCE  
1192 TARGEE  
BOISE, ID 83706

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

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

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

Signature: Christine B Hawk  
 Printed Name: CHRISTINE B HAWK  
 Capacity: CO-OWNER  
 (see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

10/26/1998 09:00  
 CK: 7884 CT: 185843 BH: 156195

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 19363

Revision 1/98  
g:\corp\format\abn.pdf