



# 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.

NOV 7 8:53

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

STATE OF IDAHO

Oswold Pack Camp

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

Ralph Oswald

P.O. Box 192 Kamiah Id 83536

Doris Oswald

P.O. Box 192 Kamiah Id. 83536

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): 208 935-0068

Ralph Oswald

P.O. Box 192 Kamiah Id.

83536-0192

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: Ralph Oswald

Printed Name: Ralph Oswald

Capacity: OWNER

(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

06/07/2000 09:00  
CK: 1165 CT: 132090 IN: 324400

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 12/99

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