

# 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.

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

Closing Services of Idaho

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

KATHERINE A. McDONALD 6798 N. Misty Cove Ave  
Boise, Idaho 83703

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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future Phone number (optional): 208-854-1586

CLOSING SERVICES OF IDAHO  
 KATHERINE A. McDONALD  
 6798 N MISTY COVE AVE  
 BOISE ID 83703

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):

Same

Signature:

Katherine A. McDonald

Printed Name:

KATHERINE A. McDONALD

Capacity:

President

(see instruction # 8 on back of form)

Secretary of State use only

IDaho SECRETARY OF STATE

12/16/1999 09:00  
 CK: 15685 CT: 124131 DI: 274159

1 @ 20.00 = 20.00 ASSUM NAME # 2

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