



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2005 MAR 21 AM 8:51

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Video Express

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

Noel Allen Squires

442 Main St. Gooding ID 83330

Spring Squires

442 Main St. Gooding ID 83330

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:

Noel or Spring Squires

2016 11<sup>th</sup> Ave East

Gooding ID 83330

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

Phone number (optional):

(208) 934-4840

Secretary of State use only

Signature: Spring Squires

Printed Name: Spring Squires

Capacity/Title: Owner

see instruction # 8 on back of form

IDAHO SECRETARY OF STATE  
03/21/2005 05:00  
CK: 2308 CT: 158010 BH: 799578  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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