



CERTIFICATE OF ASSUMED BUSINESS NAME **FILED EFFECTIVE**

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

06 DEC 14 PM 1:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

RAZOR EDGE KNIVES

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>Mike Adamson</u>	<u>1057 MELROSE #203</u>
	<u>BOISE, ID 83706</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	

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

RAZOR EDGE KNIVES
MIKE ADAMSON
1057 MELROSE #203
BOISE, ID 83706

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

Phone number (optional):

429-1432

Secretary of State use only

Signature: Mike Adamson
(signature required)
 Printed Name: MIKE ADAMSON
 Capacity/Title: OWNER
(see instruction # 8 on back of form)

g:\corp\forms\abn\p65
 Revised 04/2003

IDaho SECRETARY OF STATE
 12/14/2005 05:00
 CK: CASH CT: 158010 BH: 926796
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D94461