



# 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

AUG 18 1 46 PM '00  
SECRETARY OF STATE

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

THE MAIN EVENT

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
<u>CHRIS A. STRAWN</u>	<u>1396 E. DOBELMAN</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 checked="" 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): \_\_\_\_\_

CHRIS A. STRAWN  
1396 E. DOBELMAN  
MELBIA, ID. 83642

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

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

Signature: \_\_\_\_\_

Printed Name: CHRIS A. STRAWN

Capacity: OWNER/MANAGER

(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

08/21/2000 09:00  
CK: CASH CT: 83158 BH: 342394

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 12/99  
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