



# 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.

02 MAR 11 2010:51

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

e-Biz Resource Center

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

Name

DAVID SALOIS

Complete Address

P.O. BOX 478

572 S. Penny Lane

POST FALLS, ID. 83854-

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:

DAVID SALOIS

572 S. Penny Lane

POST FALLS, ID. 83854

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):

Phone number (optional):

Secretary of State use only

Signature: David Salois

Printed Name: DAVID SALOIS

Capacity: OWNER

(see instruction # 8 on back of form)

gc:formslabn formstabn.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
03/11/2002 05:00  
CK: 3726 CT: 158010 BH: 451078  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 52760