



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED/EFFECTIVE**

02 OCT -4 PM 2:20

SECRETARY OF STATE  
STATE OF IDAHO

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

Cyber Frost

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>Joseph Angeletti</u>	<u>5949 S. Tulip Pl., Boise, ID 83706</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" 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:

Joseph Angeletti  
7823 Wesley Drive  
Boise, ID 83704

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):

208-523-2789

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

(signature required)

Printed Name: Joseph Angeletti

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn form\labn.p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
10/04/2002 05:00  
CK: CASH CT: 150010 BH: 525179  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 58842