

227

~~FILED EFFECTIVE~~

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 APR 24 AM 11:36

SECRETARY OF STATE  
STATE OF IDAHOPlease type or print legibly.Instructions are included on back of application.

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

Smk tri Coaching

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

NameComplete Address

Joe Martin Kopf

PO Box 375

Plummer, ID, 83851

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:

Joe Martin Kopf  
PO Box 375  
Plummer, ID, 83851

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Joe Martin KopfPrinted Name: Joe Martin KopfCapacity/Title: Owner

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

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/24/2015 05:00

CK:2781626 CT:172099 BH:1472611  
10 25.00 = 25.00 ASSUM NAME #2

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