

# CERTIFICATE OF ASSUMED BUSINESS NAME FILED

(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.

98 JAN 26



SECRETARY OF STATE  
STATE OF IDAHO

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

Eagle Eye Tracers

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

Gina Masters

10702 Red Fox Ct

BOISE ID 83709

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): 208-362-3267

Gina Masters

10702 RED FOX CT

BOISE IDAHO 83709

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

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

01/26/1998 09:00

CK: 618 CT: 93166 BH: 76020

1 @ 20.00 = 20.00 ASSUM NAME

D11500

Signature:

Gina Masters

Printed Name:

Gina Masters

Capacity:

President

(see instruction # 8 on back of form)

Revision 2/87

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