

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO **98 APR 22 AM 10:21**  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name **SECRETARY OF STATE**

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

ROCK CREEK CUSTOM CYCLE PARTS & SERVICE

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

RUSS SORENSON 639 2ND AVE. SOUTH  
TWIN FALLS, IDAHO 83301

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 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): \_\_\_\_\_

SAME AS ABOVE

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

SAME AS 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

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

Russ Sorenson

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

RUSS SORENSON

Capacity: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

Revision 2/97  
g:\ccp\forms\staben.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

04/22/1998 09:00

CX: 279 ET: 97659 BH: 103679

1 @ 20.00 = 20.00 ASSUM NAME

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