



# 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

07 NOV 13 AM 9:34

SECRETARY OF STATE  
STATE OF IDAHO

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

Excalibur Informational Services

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

Name

Donna M. Mathews

Complete Address

1841 Heyburn Ave E, Twin Falls, Id 83301

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:

Excalibur Informational Services

Donna M. Mathews

1841 Heyburn Ave E, Twin Falls, Id 83301

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: Donna M. Mathews  
(signature required)

Printed Name: Donna M. Mathews

Capacity/Title: Owner/Sole Proprietor

(see instruction # 8 on back of form)

5100form5010.05  
Revised 06/2003

IDAHO SECRETARY OF STATE  
11/13/2007 05:00  
CK: 5708 CT: 219489 BH: 1884928  
10 25.00 = 25.00 ASSUM NAME # 2

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