



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

04 SEP -3 PM 12: 52

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

RDS PRINTING

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

Name

JAMES G. Rivera

Complete Address

1802 N. EAGLEVIEW ST.
Nampa, ID 83651

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 checked="" 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:

JAMES G. Rivera
1802 N. EAGLEVIEW ST
Nampa, ID 83651

Submit Certificate of
Assumed Business
Name and **\$25.00** 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):

Secretary of State use only

079759

IDAHO SECRETARY OF STATE
09/03/2004 05:00
CK: 7676 CT: 150010 BH: 764525
1 E 25.00 = 25.00 ASSUM NAME # 2

Signature: James G. Rivera
(signature required)

Printed Name: James G. Rivera

Capacity/Title: _____

(see instruction # 8 on back of form)