



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO <sup>2004 SEP -7 PM 2:44</sup>  
Pursuant to Section 53-504, Idaho Code, the undersigned <sup>STATE OF IDAHO</sup>  
gives notice of adoption of an Assumed Business Name.

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

Continental Crown Counseling

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
<u>Toni L. Jones</u>	<u>125 Private Dr.</u>
<u></u>	<u>Sagle, Idaho 83860</u>
<u></u>	<u></u>

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

<input 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 checked="" 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): \_\_\_\_\_

Toni L. Jones  
125 Private Dr.  
Sagle, Idaho 83860

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: Toni L. Jones

Printed Name: Toni L. Jones

Capacity: owner

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and ~~\$20.00~~ fee to:  
25.00

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  
**09/07/2004 05:00**  
CK: 3710213091 CT: 150010 BH: 764952  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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