



# 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

2003 JUN 11 AM 8:57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Etchamendy Trucking

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

Name	Complete Address
<u>John &amp; Karen Etchamendy</u>	<u>540 W. Idaho Blvd.</u>
	<u>Emmett, Id. 83617</u>

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                                         |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                                   |
| <input 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:

Etchamendy Trucking  
540 W. Idaho Blvd.  
Emmett, Id. 83617

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

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

Signature: Karen Etchamendy

Printed Name: Karen Etchamendy

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

Phone number (optional):

365-7343

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
06/11/2003 05:00  
CK: 9717 CT: 150010 BH: 605362  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 66244