



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

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.**

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

ess is:  
PRIEST RIVER OFFICE SUPPLY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Section 1.1 - Address

Name \_\_\_\_\_

**Complete Address**

Name  
BARBARA MATOTT  
IAN STEVENS

P.O. Box 156  
PRIEST RIVER  
ID. 83856

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

<input checked="" type="checkbox"/> Retail Trade	<input 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:

P.O. Box 156  
PRIEST RIVER, ID  
83856

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

Phone number (optional):

Secretary of State use only

Signature: Don Stevens

Printed Name: JAN STEVENS

Capacity/Title: V.P.

(see instruction # 8 on back of form)

AcropWormsLab form 1st edition. p65  
Revised 08/2002

IDAO SECRETARY OF STATE  
12/30/2002 05:00  
CK: 2149 CT: 158018 BH: 653733  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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