



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.

2001 APR -5 AM 9:24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

TOP SECRET CITY IN TRY N' CITY

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>SHANE HORNER</u>	<u>833 SHOSHONE St. N #203 TWIN FALLS ID 83301</u>
<u>Heather Adams</u>	<u>1841 HEYBURN S. TWIN FALLS IDAHO 83301</u>

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. Heather Adams
1841 HEYBURN S.
TWIN FALLS IDAHO 83301

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): _____

SHANE HORNER

833 SHOSHONE St. N # 203
TWIN FALLS IDAHO 83301

Signature: Shane Horner
(signature required)

Printed Name: Shane Horner

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Form 1000 Rev. 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
04/06/2004 05:00
 CK: 1010 CT: 150010 BM: 737586
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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