



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 JUL 10 PM 2:44

SECRETARY OF STATE

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

WOOD DOCTORS

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

PAUL J. CARRAJAL

1312 N. 8<sup>TH</sup> # C, BOISE, ID 83702

SHAWN C. CARR

512 18<sup>TH</sup> AVE Caldwell Id. 83605

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

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional):

454-9408

Shawn Carr

512 18<sup>TH</sup> AVE

Caldwell Id. 83605

5. Name and address for this acknowledgment

copy is (if other than # 4 above):

FC

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

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

07/11/2000 09:00

CK: CASH CT: 133370 BH: 332496

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Shawn Carr

Printed Name: Shawn Carr

Capacity: General Partner

(see instruction # 8 on back of form)

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