## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO



	gives notice of adoption of an Assumed Business Name.  SECFERATE OF A STATE OF THE ARMS			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Sandpoint Dr	iver Edu	ecation training	
2.	The true name(s) and business address(es) of the entity or individual(s) doing ousiness under the assumed business name is/are:			
	<u>Name</u>	Co	omplete Address	
at s	Sherry A. Evans	1020 E.	Garden Ave Hene, ID 83814	
		Coeurd	Hene, ID 83814	
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)			
	Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	☐ Fi	ansportation and Public Utilities nance, Insurance, and Real Estate ining	
4.	The name and address to which future correspondence should be addressed:		Submit Certificate of	
	Sherry A. Evans		Assumed Business	
	1020 E. Garden Ave		Name and \$20.00 fee to:	
	Coeur d'Alene, TD. 83819	<u>(</u>	Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgm	ent	Basement West	
	CODY is (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080	
			208 334-2301	
	(Same)		Secretary of State use only	
		6	•	

IDAHO SECRETARY OF STATE DATE 03/05/1997-ASSIM NAME 18 20.00= 20.00

Printed Name: \_\_\_

Capacity: (1012/1