



# 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:

All Star Sales

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

Name

Rory J. VanZelf

Complete Address

P.O. Box 908

602 N. 4th St.

Parma, Id. 83660

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

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

All Star Sales

P.O. box 908

Parma, Id. 83660

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

Phone number (optional):

208-412-1721

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Rory VanZelf

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

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01/27/2004 05:00  
CK: 186 CT: 150010 DH: 723991  
1 @ 25.00 = 25.00 ASSUM NAME # 2