



# 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.

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

The Candyman

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

Duane Broderick

Complete Address

819 Northview Dr. Twin Falls, ID 83401

Tamera Broderick

819 Northview Dr. Twin Falls, ID 83401

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Duane Broderick

819 Northview Dr.

Twin Falls ID 83401

Phone number (optional): 208 334-2301

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

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

Signature: Duane Broderick

Printed Name: Duane Broderick

Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/05/1999 09:00  
CX: 204 CT: 113541 BH: 203016

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 24690

Revision 1/88

g:\corpforms\abn.p65

FILED  
99 APR - 5 AM 8:28  
STATE OF IDAHO