



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

## FILED EFFECTIVE

2004 MAR 10 AM 9:06

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

CLERK OF STATE  
STATE OF IDAHO

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

VALUE HOME CENTER

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

|                        |                                      |
|------------------------|--------------------------------------|
| <u>Name</u>            | <u>Complete Address</u>              |
| <u>John R. Doherty</u> | <u>PO Box 1465 Mtn Home ID 83647</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:

Value Home Center  
PO Box 1465  
Mtn Home, Id 83647

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):

(208) 587-0808

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

Carolyn Cole  
(signature required)

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

Carolyn Cole

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

Office Manager  
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/10/2004 05:00  
CK: 1500 CT: 150010 BH: 732120  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D74028