

# 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 of business is:

Enhanced Abilities Services

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

CAROL CAREY

1010 6th St. Coeur d'Alene,  
ID, 83814

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):

(208) 665-5866

CAROL CAREY

1010 6th St

CDA ID 83814

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:

Carol Carey

Printed Name:

CAROL CAREY

Capacity:

OWNER

(see instruction # 8 on back of form)

SECRETARY OF STATE

06/09/2000 09:00  
CR: 2000 CT: 132130 IN: 324796

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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