

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Secretary of State Business Entities www.idsos.state.id.us/

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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STATE OF TOTAL

The assumed business name which the urbusiness is:      RESource Publishing	
2. The true name(s) and <u>business</u> address(es business under the assumed business names <u>Name</u> Sheri L. Roberts  ———————————————————————————————————	s) of the entity or individual(s) doing ne:  Complete Address  Po Box 659, Athol, ID 83801  9159 Howard Ro., Athol, ID 83801
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  RESource Publishing Po Box 659 Athol, ID 8380/  5. Name and address for this acknowledgment copy is (if other than # 4 above):	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
Signature: <u>Sheri &amp; Roberts</u> Printed Name: <u>Sheri L. Roberts</u> Capacity/Title: <u>Owner</u>	Secretary of State use only    Description   Description
(see instruction # 8 on back of form)	Ö