



# 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.**

**FILED EFFECTIVE**  
2003 DEC -9 AM 8:42  
STATE OF IDAHO

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

Willowcreek Enterprises

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>Melva Zellick</u> | <u>3601 Tayten Dr Nampa, Id 83686</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:

Melva Zellick  
3601 Tayten Dr  
Nampa, Id 83686

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):

208-442-2974

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

Melva Zellick  
(signature required)

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

Melva Zellick

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

owner/DEALER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn\_forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
12/09/2003 05:00  
CK: 5006 CT: 150010 BH: 715689  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 71277