



# 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 SEP 16 PM 2:29

Please type or print legibly.

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

SECRETARY OF STATE  
STATE OF IDAHO

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

Eagle Electric

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

Name

Complete Address

James Clinton 1325 Heyburn Ave E  
Shannon Clinton TF dd 83301

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input checked="" 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:

1325 Heyburn Ave E  
TF dd 83301

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:  
**2500**

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-736-6228

Secretary of State use only

Signature: Shannon Clinton

(signature required)

Printed Name: SHANNON CLINTON

Capacity/Title: CO/OWNER

(see instruction # 8 on back of form)

9/10/03 forms 500, terms tab, p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
09/17/2004 05:00  
CK: 32006904 CT: 40992 DH: 766481  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D80116