



**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.
Instructions are included on back of application.

11 MAR -8 AM 8:18

SECRETARY OF STATE
STATE OF IDAHO

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

Rockin One Knives

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>PHIL FEINGERG</u>	<u>301 E. LAKE ST.</u>
	<u>MCALL, ID 83638</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 checked="" 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:

same as #2

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

same as #2

Secretary of State use only

Signature: Phil Feingerg

Printed Name: PHIL FEINGERG

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDaho SECRETARY OF STATE
03/08/2011 05:00
CK: 1456 CT: 158810 BH: 1263250
1 e 25.00 = 25.00 ASSUM NAME # 2