



# 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

2014 MAY -9 PM 3:00

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**Instructions are included on back of application.**

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

Ensley's Prehistoric Museum

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          |
|----------------------|---------------------------|
| <u>Nancy Farrell</u> | <u>501 Cleveland Blvd</u> |
|                      | <u>Caldwell, Idaho</u>    |
|                      | <u>83605</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 |  |

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

4. The name and address to which future correspondence should be addressed:

Nancy Farrell  
501 Cleveland Blvd  
Caldwell, Idaho 83605

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: Nancy Farrell

Printed Name: Nancy Farrell

Capacity/Title: DIRECTOR

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/09/2014 05:00

CK: CASH CT: 158010 BH: 1424158  
1@ 25.00 = 25.00 ASSUM NAME #2

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