



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions.)

**FILED**

To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

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

Home Plate

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

Name	Complete Address
<u>Katharine Bradbury Souza</u>	<u>2311 Ellis Ave. Boise, ID 83702</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-386-9367

Katharine Souza  
2311 Ellis Ave.  
Boise, ID 83702

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:

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

Signature: Katharine B Souza  
 Printed Name: Katharine B. Souza  
 Capacity: sole proprietor  
 (see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

10/16/1998 09:00  
 CX: 989 CT: 105407 DM: 153681

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Revision 1/98  
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