



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

03 SEP 18 PM 2:55

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

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

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

Online Finish Company

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>Chris Upchurch</u> | <u>5226 Chinden Blvd</u>    |
| <u>Mike Olson</u>     | <u>Garden City ID 83714</u> |

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 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:

5226 Chinden Blvd  
Garden City ID 83714

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

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

Signature: Chris Upchurch  
(signature required)

Printed Name: Chris Upchurch

Capacity/Title: President

(see instruction # 8 on back of form)

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

Phone number (optional):

602-9698

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/18/2003 05:00  
CK: 5206 CT: 158010 BH: 702362  
1 @ 25.00 = 25.00 ASSUM NAME # 3

5: coop forms labn forms labn, p65  
Revised 04/2003

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