



# 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.**

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

**FILED EFFECTIVE**

2006 MAR 16 AM 9:17

RECEIVED  
STATE CLERK

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

Cat's Cuts

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

Catherine Hurd

27182 E School House Loop  
Cataldo ID 83810

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:

Cat's Cuts

501 W Appleway Suite D  
Coeur d'Alene ID 83815

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

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

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

(signature required)

Printed Name: Catherine Hurd

Capacity/Title: owner

(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):

Secretary of State use only

g:\corp\forms\statn\forms\statn p65  
Revised 04/2003

1097641

IDAHO SECRETARY OF STATE  
**03/16/2006 05:00**  
CK: NO CK# CT: 198895 BH: 943589  
1 @ 25.00 = 25.00 ASSUM NAME # 2