



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2006 MAR -3 PM 12:30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

A B and C Enterprises

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

Brett K. Spaulding

P.O. Box 50979, Idaho Falls, Idaho 83405

April J. Spaulding

P.O. Box 50979, Idaho Falls, Idaho 83405

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 | |

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

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

Brett K. Spaulding

P.O. Box 50979

Idaho Falls, Idaho 83405

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

Brett K. Spaulding

2249 Brandon Drive

Idaho Falls, Idaho 83402

Phone number (optional):

(208) 552-7157

Signature: _____

(signature required)

Printed Name: _____

Brett K. Spaulding

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

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IDAHO SECRETARY OF STATE
03/03/2006 05:00
CK: 2302 CT: 150010 BH: 940932
1 @ 25.00 = 25.00 ASSUM NAME # 2