



CERTIFICATE OF ASSUMED BUSINESS NAME **FILED EFFECTIVE**

Click here to clear form.

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

2012 SEP 17 AM 9:36

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

C. Douglas & 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>Craig Douglas Wadsworth</u>	<u>22012 E. Doyle Rd</u>
	<u>Cataldo, Idaho</u>
	<u>83810</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" 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:

Craig Wadsworth
22012 E Doyle Rd
Cataldo Idaho 83810

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

Signature: Craig Wadsworth
Printed Name: Craig Wadsworth
Capacity/Title: Owner
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/17/2012 05:00
CK: 2005 CT: 274359 BH: 1340201
1 @ 25.00 = 25.00 ASSUM NAME # 2

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