



# 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**

10 FEB 16 PM 2:13

SECRETARY OF STATE  
STATE OF IDAHO

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

Greenbriar Security Services

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                        |
|-----------------------|---|
| <u>Charles Dustin</u> | <u>2914 W. Kootenai Boise, Id 83705</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 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:

Charles Dustin  
2914 W. Kootenai  
Boise, Id 83705

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

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

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

Charles Dustin  
(signature required)

Printed Name: Charles Dustin

Capacity/Title: Owner/operator

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\idm\form\idm.j65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
02/17/2010 05:00  
CK: CASH CT: 158018 BH: 1208353  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D136971