



# 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**

Nov 19 3 43 PM '01

SECRET  
STATE

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

INSTALLATIONS UNLIMITED

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

LOREN WILSON

287 E. JAMES CT. APT #103

MERIDIAN ID 83642

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

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

287 E. JAMES CT. APT #103  
MERIDIAN ID 83642

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

571-5772

Signature: Loren Wilson

Printed Name: LOREN WILSON

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn form\abn p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
11/19/2001 05:00  
CK: 1561 CT: 153760 BH: 430466  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D4 9966