



# 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

2004 JUN -7 AM 9:56  
STATE OF IDAHO

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

Certified Refrigeration

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

DENNIS K. BOONE

Complete Address

616 Blue Lakes Blvd. N.

PMB #141

Twin Falls, Idaho 83301

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:

616 Blue Lakes Blvd. N.

PMB #141

Twin Falls, Idaho 83301

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

Phone number (optional):

208-731-4001

Secretary of State use only

Signature: DKBoone

(signature required)

Printed Name: DENNIS K. BOONE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
06/07/2004 05:00  
CK: 3883 CT: 150010 BH: 740996  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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