



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

A. I. M. NORTHWEST

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

Name  
FRANCIS L. WILCOX

Complete Address

1201 FALLS AVE. E. #22 TWIN FALLS, IDAHO 83301

LARRY LANCASTER

1201 FALLS AVE. E. #22 TWIN FALLS, IDAHO 83301

DAVID V. WILCOX

1201 FALLS AVE. E. #22 TWIN FALLS, IDAHO 83301

3. The general type of business transacted under the assumed business name is (mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☒

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional)

(208) 733-2528  
208 334-3092

FRANCIS L. WILCOX

434 So. 100 E

JEROME, IDAHO

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

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

Signature:

Francis L. Wilcox

Printed Name:

FRANCIS L. WILCOX

Capacity:

OWNER

(see instruction # 8 on back of form)

Revision 1/98

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Secretary of State use only  
IDAHO SECRETARY OF STATE

11/24/1998 09:00  
CX: 3538 CT: 107228 BH: 164489

1 @ 20.00 = 20.00 ASSUM NAME # 2

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