

227

FILED EFFECTIVE



# 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.

01 AUG 22 AM 8:59  
SECRETARY OF STATE  
STATE OF IDAHO

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

ABUNDANT MARKETING

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

DONNA ERICKSON

16679 N Grand Pine Way

NAMPA ID 83651

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

- ☒ Retail Trade  
☒ Wholesale Trade  
☐ Services  
☐ Manufacturing  
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities  
☐ Construction  
☐ Agriculture  
☐ Mining

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

16679 N Grand Pine Way  
NAMPA ID 83651

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

Phone number (optional):

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

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

Signature:

Donna Erickson

Printed Name:

DONNA ERICKSON

Capacity:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

3 copies return form to  
Revised 01/2001

IDAHO SECRETARY OF STATE  
08/22/2001 05:00  
CK: 1005 CT: 158353 BH: 414956  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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