



# 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.**

2007 FEB 14 AM 9:01

SECRETARY OF STATE  
STATE OF IDAHO

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

## Adult Home Companions

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

Shauna McCord

1751 N. Polk #23

Moscow, ID. 83843

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

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

## Adult Home Companions

1751 N. Polk #23

MOSCOW, ID. 83843

**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):**

Signature: Shawna McCord

(signature required)

Printed Name: Shawna McCord

Capacity/Title: Owner / Operator

(see instruction # 8 on back of form)

**Secretary of State use only**

Revised 10/27/2003

IDAHO SECRETARY OF STATE  
02/14/2007 05:00  
CK: 500177705 CT: 158010 BK: 1033245  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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