

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.**

2006 OCT 13 PM 3:06  
SECRETARY OF STATE  
STATE OF IDAHO

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

Phony Express Costume Shop

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

Name

James Clarke

Robin Clarke

Complete Address

11760 N. Peridot Hayden ID 83835

3300 Casey Court Post Falls ID 83854

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:

James Clarke

11760 N. Peridot

Hayden ID 83835

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

Phone number (optional):

Secretary of State use only

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

James Clarke

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

g:\completemarket\assumed\g05  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/13/2006 05:00  
CK: 937147 CT: 172099 BH: 900117  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D104617