

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned on 09 AM 9:42
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:

Our Shop

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	Complete Address
<u>Geraldine L Bingham</u>	<u>PMB # 116 510 E 17th St Idaho Falls, Id 83404</u>
<u>Don A Bingham</u>	<u>PMB # 116 510 E 17th St Idaho Falls, Id 83404</u>
<u>D. Brent Bingham</u>	<u>" " " "</u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-346-6203

Geraldine L Bingham
PMB # 116 510 E 17th St Idaho Falls, Id
Idaho Falls, Id 83404

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:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Geraldine L Bingham

Printed Name: Geraldine L. Bingham

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97 g:\corpforms\abn pm6

IDAHO SECRETARY OF STATE
06/09/2003 05:00
CK: 6598 CT: 150010 BH: 684850
1 @ 25.00 = 25.00 ASSUM NAME # 2

DL6/09