



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED
APR -5 AM 10:10
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Rowes Collectables & Die Cast

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

<u>Name</u>	<u>Complete Address</u>
<u>George Rowe</u>	<u>6311 Tahoe Boise Id 83709</u>
<u>Cindy Rowe</u>	<u>6311 Tahoe Boise Id 83709</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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 \$20.00 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:

George Rowe
6311 Tahoe
Boise Id 83709

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

Phone number (optional):

208 377-3819

Signature: _____

George Rowe

Printed Name: _____

George Rowe

Capacity: _____

Owner

(see instruction # 8 on back of form)

g:\corpforms\abn_forms\abn.p65 Revised 01/2001

Secretary of State use only
IDAHO SECRETARY OF STATE

04/05/2001 09:00
CK: NO CK # CT: 132005 BH: 389282

1 @ 20.00 = 20.00 ASSUM NAME # 2

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