



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

JUN 11 PM 11  
SECRETARY OF STATE OF IDAHO

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

THE STONE OUTLET

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
<u>SEAN CORD</u>	<u>109 W. KATHLEEN AVE.</u>
	<u>COEUR D'ALENE, ID</u>
	<u>83814</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 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 \$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:

SEAN CORD C/O STONE OUTLET  
109 W. KATHLEEN AVE.  
COEUR D'ALENE, ID 83814

Phone number (optional):

208-704-0332

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

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

Signature:   
(signature required)

Printed Name: SEAN CORD

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

D112240

IDAHO SECRETARY OF STATE  
06/11/2007 05:00  
CK: 1004 CT: 150010 BH: 1059344  
1 @ 25.00 = 25.00 ASSUM NAME # 2