



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

06 MAR -6 PM 3: 10

SECRETARY OF STATE  
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:

SRM Enterprises

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>S. ROCHELLE MANDAS</u>	<u>5162 N. MARSH AVE</u>
<u></u>	<u>Garden City, Id</u>
<u></u>	<u>83714-1992</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:

SAME AS ABOVE

Phone number (optional):

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

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

S. Rochelle Mardas  
(signature required)

Printed Name: S. ROCHELLE MANDAS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

097159

IDAHO SECRETARY OF STATE  
**03/06/2006 05:00**  
 CK: 7977 CT: 150010 RN: 941464  
 1 @ 25.00 = 25.00 ASSUM NAME # 2