



# 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.

Instructions are included on back of application.

**FILED EFFECTIVE**

**11 MAR 11 PM 12:15**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

TODAYZ DIRECT PUBLISHING

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>CHARLES STANLEY JR</u>	<u>3245 N WING</u>
	<u>STAR ID E3669</u>

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 |  |

4. The name and address to which future correspondence should be addressed:

CHARLES STANLEY  
3245 N WING  
STAR IDAHO E3669

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

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Charles Stanley

Printed Name: CHARLES STANLEY

Capacity/Title: OWNER

Signature: Charles Stanley

Printed Name: CHARLES STANLEY

Capacity/Title: OWNER

IDAHO SECRETARY OF STATE  
03/11/2011 05:00  
CK: CASH CT: 150010 BH: 1263924  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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