

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 NOV -5 AM 8:34

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:

LOCALINK ADVERTISING

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

CARL MCOMBER

2305 STAFFORD DR IDAHO FALLS, ID 83401

STEPHANIE MCOMBER

2305 STAFFORD DR IDAHO FALLS, ID 83401

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ 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:

2305 STAFFORD DR  
IDAHO FALLS, ID 83401

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

Phone number (optional):

Signature: *Carl McComber*

(signature required)

Printed Name: CARL MCOMBERCapacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/05/2008 05:00  
CK: 287968 CT: 158010 BH: 1143140  
I # 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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