

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO 97 JUL 10 AM 10:38
Pursuant to Section 53-504, Idaho Code, the undersigned _____ of STATE OF IDAHO gives notice of adoption of an Assumed Business Name of IDAHO

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

The Furniture Doctor

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

Name	Complete Address
<u>Blake Brown</u>	36 W. 600 S. - St. George UT 84770 <u>P.O. BOX 407 Rigby ID 83442</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

1-800-929-3898

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

Phone number (optional): ~~801-228-1007~~

Blake Brown
~~36 W. 600 S. P.O. BOX 407~~
Rigby ID 83442
~~St. George UT 84770~~

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

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

Signature: Blake Brown

Printed Name: Blake Brown

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/87 g:\comp\forms\slabn.pms

Secretary of State use only
IDAHO SECRETARY OF STATE

07/10/1997 09:00
CK: 2309 CT: 04000 BN: 19022

1 @ 20.00 = 20.00 ASSUM NAME

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