



# 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

02 JUL 30 AM 11:05

CLERK 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:

Performax Products

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>Veron Kent Phillips</u> | <u>4450 W. Shamrock Ct. Boise ID 83713</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 checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" 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:

Performax Products  
4450 W. Shamrock Ct.  
Boise ID. 83713

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

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

Phone number (optional): \_\_\_\_\_

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

Signature: Veron K. Phillips  
(signature required)

Printed Name: Veron K. Phillips

Capacity/Title: Owner

(see instruction # 8 on back of form)

**Secretary of State use only**

g:\corp\forms\slabn form\slabn.p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
07/30/2002 05:00  
CK: 5496 CT: 158818 BH: 479854  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D56899