



# CERTIFICATE OF ASSUMED BUSINESS NAME **FILED EFFECTIVE**

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.**

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

Halkar's Engraving

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

Name

Harry Halkar

Vickie Halkar

Complete Address

44 North Bridge Street

St. Anthony ID 83445

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 type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input checked="" 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  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

44 North Bridge Street  
St. Anthony, ID 83445

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

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

Secretary of State use only

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

Printed Name: Harry Halkar

Capacity/Title: Owner

Signature: Vickie Halkar

Printed Name: Vickie Halkar

Capacity/Title: Owner

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04/09/2012 05:00  
CK: 1257 CT: 269886 BH: 1318986  
1 @ 25.00 = 25.00 RSSUM NAME # 2

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