



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:

Halker'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

Complete Address

Harry Halker

44 North Bridge Street

Vickie Halker

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):

Signature: _____

Printed Name: Harry Halker

Capacity/Title: Owner

Signature: Vickie Halker

Printed Name: Vickie Halker

Capacity/Title: Owner

Secretary of State use only

IDAH0 SECRETARY OF STATE
04/09/2012 05:00
CK: 1257 CT: 269088 BH: 1318986
1 @ 25.00 = 25.00 ASSUM NAME # 2

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