



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

2004 APR - 1 PM 2: 12

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF STATE
STATE OF IDAHO

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

Walker Custom Cabinets

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

Name

AL Walker Co
C 143 794

Complete Address

2602 E Lincoln Rd
Idaho Falls ID
83401

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 checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input 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:

Walker Custom Cabinets
2602 E Lincoln Rd
Idaho Falls ID 83401

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

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

Phone number (optional):

408 529 9325

Signature: Alight Walker
(Signature required)

Printed Name: Alight Walker

Capacity/Title: Owner

(see instruction # 8 on back of form)

04/01/2004 Form 535
Revised 04/2003

Secretary of State use only

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IDaho SECRETARY OF STATE
04/01/2004 05:00
CK: 5532 CT: 150010 BH: 736845
1 @ 25.00 = 25.00 ASSUM NAME # 2