

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned *Person* *AN 9:01* gives notice of adoption of an Assumed Business Name.

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

TANGLES & NAILS

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

<u>Name</u>	<u>Complete Address</u>
<u>TIA MONTGOMERY</u>	<u>937 S 900 E ALBION ID 83311</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                              |

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

Phone number (optional): 208-673-6644

TIA MONTGOMERY  
937 S 900 E  
ALBION ID 83311

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

D. L. EVANS BANK  
P.O. BOX 1188  
BURLEY, IDAHO 83318

Signature: *Tia Montgomery*

Printed Name: TIA MONTGOMERY

Capacity: OPERATOR

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/19/1998 09:00  
CK: 34425 CT: 1935 BH: 162875

1 @ 20.00 = 20.00 ASSUM NAME # 2

*D20108*

Revision 2/97  
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