

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 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:

AT Home Enterprises

SESSION 13
REVIEW OF STATE OF IDAHO
(a) doing

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

Name _____

Complete Address:

Tamara S. Johnson

P.O. Box 688 Kooskia, ID 83539

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade **Manufacturing** **Transportation and Public Utilities**
 Wholesale Trade **Agriculture** **Finance, Insurance, and Real Estate**
 Services **Construction** **Mining**

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-926-4240

Tamara S. Johnson

P.O. Box 3688

Kooskia, Idaho 83539

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

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 uses only

Signature: Samara S. Johnson

Printed Name: Tamara S. Johnson

Capacity: Owner

(see instruction # 8 on back of form)

IDaho SECRETARY OF STATE
12/03/2001 05:00
CK: 4666 CT: 154189 BH: 432450
1 @ 20.00 = .20.00 ASSUM NAME # 2

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