



# 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.**

**NOTE: See instructions on reverse before filing.**

2002 AUG 15 AM 8:51

STATE OF IDAHO

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

Karibou Kids

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

Name

Michelle Summers

Complete Address

711 East Pioneer Drive Soda Springs, ID 83270

- 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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Ireland Bank ATTN: Angie

PO Box 887

Soda Springs, ID 83276

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

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

Phone number (optional):

Signature: [Signature]

Printed Name: Michelle Summers

Capacity/Title: Owner

(see instruction # 8 on back of form)

corpforms1b form 1a rev p65  
Revised 11/2001

IDaho SECRETARY OF STATE  
08/15/2002 05:00  
CK: 1340 CT: 162721 BH: 482911  
1 e 20.00 = 20.00 ASSUM NAME # 2

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