



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2007 MAY -3 AM 10:00

Please type or print legibly.

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

SECRETARY OF STATE  
STATE OF IDAHO

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

Rocky Mountain Consulting

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

Trimworks Inc

Box 695, 188 E. Jordan St, Donnelly, Idaho 83615

(C156044)

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

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

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

Kimberly Zanier/Rocky Mountain Consulting  
Box 695, Donnelly, Idaho 83615

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

same

Phone number (optional):

(208) 325-8160

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Kimberly A. Zanier

Capacity/Title: \_\_\_\_\_

Owner/Vice President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

D111098

IDAHO SECRETARY OF STATE  
**05/04/2007 05:00**  
CK: 1178 CT: 212996 BH: 1051654  
1 @ 25.00 = 25.00 ASSUM NAME # 2