



# 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**

06 JUN -5 PM 12: 31

**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:

Beyond Imagination

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
<u>Zachary T. Weigt</u>	<u>8737 San Marino Dr. Boise, ID</u>
<u>Joseph R. Weigt</u>	<u>2280 N. Lochness Meridian, ID</u> <u>83640</u>

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 checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input 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:

Zachary T. Weigt  
8737 San Marino Dr.  
Boise, ID 83704

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):  
(208) 559-1065

Signature: Zachary T. Weigt  
(signature required)

Printed Name: Zachary T. Weigt

Capacity/Title: CO-OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn forms\abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE  
06/05/2006 05:00  
CK: 7993 CT: 201031 BH: 958314  
1 @ 25.00 = 25.00 ASSUM NAME # 2

ID 100557