



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE

OCT 30 9 10 AM '01

SECRETARY OF STATE

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

TOM E.'S PRINTS

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

TOM DUKE

10399 W. TRETTLEWOOD ST BOISE ID

CONNIE DUKE

1034 WISEMAN ST. HANSEN ID 83334

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

TOM E.'S PRINTS

10399 W. TRETTLEWOOD ST.

BOISE ID 83709

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

Signature: TOM DUKE

Printed Name: TOM DUKE

Capacity: OWNER

(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

Phone number (optional):

⁵⁶²
208-562-6088
208-342-7699

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
10/30/2001 05:00
CK: 4009 CT: 153019 BH: 427069
1 @ 20.00 = 20.00 ASSUM NAME # 2

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