



# 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**

Oct 30 9 AM '01

SECRET STATE

Please type or print legibly.  
NOTE: See instructions on reverse before filing.

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

TOM Duke

COANIE Duke

Complete Address

10399 W Trestlewood St Boise ID 83709

1034 Wiseman St. Hansen ID 83337

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 Trestlewood St.  
Boise ID 83709

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

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

Phone number (optional):

208-342-7699  
562-6088  
208-342-7699

Secretary of State use only

Signature: TOM Duke

Printed Name: TOM Duke

Capacity: OWNER

(see instruction # 8 on back of form)

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