

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

FULL CIRCLE WORKSHOP

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Address
<u>MICHAEL F. DEMARCO</u>	<u>206 N. FAURTH # 118</u>
<u>PATRICIA M. DEMARCO</u>	<u>SANPOINT ID 83864</u>

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

# 9 Services

See categories on the reverse

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

Michael or Patricia DeMarco

206 N. Faerth # 118, SANPOINT, ID 83864

Signed

Michael DeMarco  
Patricia M. DeMarco

Capacity

Owners

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE

08/14/1997 09:00  
CK: 5433 CT: 85789 BH: 29735

1 @ 20.00 = 20.00 ASSUM NAME

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