## CERTIFICATE OF ASSUMED BUSINESS NAME

	OZKINIOATE OF ASSU	MED DOSINESS NAME	
To	the SECRETARY OF STATE, STATE OF	IDAHO 475	
	Pursuant to Section 53-504, Idaho Cod	de, the undersigned gives notice of	
	option of an Assumed Business Name.		
1.	The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of	
	THE LOCK	Doctor	
2.	business under the assumed business nar	name(s) and business address(es) of the entity or individual(s) doing under the assumed business name is/are:  Name  Address	
	CARVEL G. O'DELL	4021 Nottinghum W CDA ID 3814	
	Sharon L. O'DELL		
3.	The general type of business transacted u	nder the assumed husiness name is:	
	) Locksmithing	Had assaulted business flattle is.	
	See categories on the reverse		
	and confidence on the reverse	∦	
4.	The name and address to which correspon	ndence should be addressed:	
	_CARVEL G. O'DELL	name and address to which correspondence should be addressed:	
	4021 Nottingham W. Co	eyx D'Alene Id. 83814	
		16000	
	Signed	Sharon & O'Jell 1-21.97	
	Ву		
	Capacity_		
	•		
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer#	
		Secretary of State use proximater OF STATE	
	Secretary of State 700 West Jefferson	DATE 01/24/1997 0900 57906	
1	PO Box 83720		
	Boise ID 83720-0080	ASSUM NAME 10 20.00= 20.00	