

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. O7 AUG -9 AM 8:31 SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

PERKINS	REPAIR	
The true name(s) and business address(es) business under the assumed business name Name  KELLY N PERKINS		ntity or individual(s) doing  Complete Address  14501 LOCUST LN  NAMPA, ID 83686
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture		olic Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:      KELLY N PERKINS		Secretary of State 700 West Jefferson Basement West PO Box 83720
14501 LOCUST LN NAMPA, ID 83686		Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt	Phone number (optional):  208-461-9301
		Secretary of State use only
gnature: Kolly New (signature required)	g/corptformstabn formstabn.p65 Revised 04/2003	P11404
rinted Name: Ke//y / YerKins	ormsta	IDAHO SECRETARY OF STATE 08/09/2007 05:0