

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.



FILED  
99 OCT 12 AM 10:48  
IDAHO

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

Daryn's Auto Doctor

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

<u>Name</u>	<u>Complete Address</u>
<u>Daryn Lukehart</u>	<u>492 S.W. 7th Ave</u>
<u>Debbie Lukehart</u>	<u>Ontario, Oregon 97914</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Daryn's Auto Doctor  
1010 N.W. 16th St.  
Fruitland, Idaho 83619

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

\_\_\_\_\_  
\_\_\_\_\_

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

Signature: Daryn Lukehart

Printed Name: Daryn Lukehart

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97 g:\corp\format\abn.pmf

Secretary of State use only

IDAHO SECRETARY OF STATE

10/12/1999 09:00  
CK: MD CK # CT: 121594 BH: 257112

1 @ 20.00 = 20.00 ASSUM NAME # 2

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