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

2006 MAY 17 AM 9: 20

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The Appliance Doctor	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Mike McKitrick	203 Algoma Spur Rd Sagle, ID 83860
The general type of business transacted under	the assumed business name is:
Retail Trade Transportation an	d Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
The Appliance Doctor	PO Box 83720
203 Algoma Spur Rd	Boise ID 83720-0080
Sagle, ID 83860	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	
	Secretary of State use only

g:\corp\forms\abn_forms\abn. Revised 04/2003

Mike McKitrick

Printed Name: _____

Capacity/Title: Owner

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE **95/17/2006 95:00** CK: 1512 CT: 158010 BH: 955125 1 8 25.00 = 25.00 ASSUM NAME # 2