



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 DEC 18 AM 8:32

SECRETARY OF STATE  
STATE OF IDAHO

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

Webb Appliance Service & Repair

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

Name

Grant Webb

Complete Address

1109 Williams Rd, Emmett, ID 83617

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

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

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

Grant Webb

1109 Williams Rd, Emmett, ID 83617

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

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

Secretary of State use only

Signature: Grant Webb

(signature required)

Printed Name: Grant Webb

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corpform\slbn\forms\slbn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
12/18/2009 05:00  
CK: 1121 CT: 243186 DH: 1199734  
10 25.00 = 25.00 ASSUM NAME # 2

D 135617