

FILED/EFFECTIVE



# 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.

2003 FEB 27 AM 9:21  
STATE OF IDAHO

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

Complete mobile home services

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

Name

Complete Address

Complete mobile Home Services

562 n. 900 w Blackfoot 83221

Corey A. Lindley

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

<input 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:

Complete mobile home services  
562 n. 900 w. Blackfoot ID 83221

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

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

Phone number (optional):

1-208-684 5268

Signature: Corey A. Lindley

Printed Name: Corey A. Lindley

Capacity: Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE  
02/27/2003 05:00  
CK: 4189 CT: 158010 BH: 665465  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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