## FILED EFFECTIVE



Printed Name 2

Capacity/Title:

OWNER-

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS NAME  Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Name Please type or print legibly.  NOTE: See instructions on reverse before filing.	ne. Start 9.42
The assumed business name which the undersigned use(s) in the transaction of business is:	
HLLOY WHEEL REPAIR 5	1
2. The true name(s) and business address(es) of the enbusiness under the assumed business name:  Name  Phoid Dunnwhy 2016  Lindh Dunnwhy 24(1)	Complete Address  ROYAL NAMPA ID 83686  ROYAL NAMPA ID 83686
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture Agriculture	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  \[ \frac{\text{TAVID TUHAWAV}}{\text{AWID E. ROYAL}} \] \[ \text{AMPA, ID \$3086} \]	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional): 208-880 3667
Signature: / (mirel / herrusce)	Secretary of State use only

IDAHO SECRETARY OF STATE 09/15/2003 05:00 CK: 1154 CT: 158010 BH: 701662 25.98 ASSUM HAME # 2