



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.

FILED EFFECTIVE

09 AUG 17 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

HOTROD AND GALS & BIT OF PARADISE

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

GARY WARWICK

119 Broken Spoke, Bonners Ferry, ID 83805

BILLIE WARWICK

119 Broken Spoke, Bonners Ferry, ID 83805

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

BILLIE WARWICK
 PO BOX 1820
 BONNERS FERRY, ID 83805

Submit Certificate of
Assumed Business
Name and \$25.00 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):

STOCKTON BUSINESS SERVICES
 PO BOX 3084
 BONNERS FERRY, ID 83805

Phone number (optional):

208-267-9073

Signature: Billie Warwick

(signature required)

Printed Name: BILLIE WARWICK

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
 08/17/2009 05:00
 CX: 3510 CT: 239725 BH: 1183175
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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 Revised 04/2003

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