227

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
2008 JUL -2 PM 3:22
SECRETARY OF STATE
STATE OF IDAHO

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

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
Donnie D. Pomerinke	12653 W. Conti Post Falls ID 83

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

4. The name and address to which future correspondence should be addressed:
   12653 W. Conti
   Post Falls ID. 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):
   Donnie D. Pomerinke
   12653 W. Conti
   Post Falls ID. 83854

Signature: (signature required)

Printed Name: Donnie D. Pomerinke

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

Secretary of State use only

D12326 2

IDAHO SECRETARY OF STATE
07/02/2008 05:00
CK: 127836 CT: 172099 BH: 1125532
1 @ 25.00 = 25.00 ASSUM NAME # 2

Revised 04/2002