



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

2004 SEP 20 PM 2:02

SECRETARY OF STATE
STATE OF IDAHO

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

D & K Auto Repair

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

Kimberley Ann Oll.

101 E. Main ~~P.O. Box~~

Smelterville IDAHO 83868

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:

101 E. Main ~~P.O. Box~~

Smelterville Idaho 83868

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):

Kimberley A. Oll.

P.O. 864

Pinehurst ID 83858

Phone number (optional):

Signature: Kimberley Ann Oll.
(signature required)

Printed Name: Kimberley Ann Oll.

Capacity/Title: owner/operator

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\abn form\abn.pdf
Revised 04/2003

080218

IDAHO SECRETARY OF STATE
09/20/2004 05:00
CK: 1290 CT: 150010 BH: 766792
1 @ 25.00 = 25.00 ASSUM NAME # 2