



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.
Instructions are included on back of application.

10 SEP - 1 AM 8: 15

SECRETARY OF STATE
STATE OF IDAHO

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

Window Dave's Mobile Repair

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

Name
David Ringquist

Complete Address
2706 Northland Ave #7, Blackfoot, ID 83221

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:

David Ringquist

Blackfoot, ID 83221

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080

Secretary of State use only

Signature: David Ringquist

Printed Name: David Ringquist

Capacity/Title: Owner/Operator

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDaho SECRETARY OF STATE
09/01/2010 05:00
CK: 7482 CT: 158010 BH: 1237165
1 @ 25.00 = 25.00 ASSUM NAME # 2