

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing

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 The assumed business name which the under business is: 	SECREMENT STATE OF IDAHO STATE OF IDAHO of
MIKE & SON TOWING/ WHICE	IE RemovaL
	of the entity or individual(s) doing : Complete Address 3217 SUNDAY PL CAID TO 83603 IOUI MOS LU NAMP TO 8365
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michael Lewnarte 1/041 MDS3 LW NAMPA TO \$3451 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 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: (signature required) Printed Name: Michael Lewart Capacity/Title: (see instruction #8 on back of form)	Secretary of State use only 100000000000000000000000000000000000