

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



FILED/EFFECTIVE
01 SEP -7 AM 8:28
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

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

A.P.Z. Mobile Appearance Reconditioning Service

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

Name

Complete Address

ALDEN V. Deines

2290 Stonebridge Ct, Post Falls, Id

Patricia A. Deines

Same

83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): 208-773-6010

ALDEN V. Deines

2290 Stonebridge Ct

Post Falls, Id 83854

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Alden V. Deines

Printed Name: ALDEN V. Deines

Capacity: Owner/Operator

(see instruction # 3 on back of form)

Revision 2/97

0 Incorporation Unit

IDAHO SECRETARY OF STATE
09/07/2001 05:00
CK: 7589 CT: 124879 BH: 417920
1 @ 20.00 = 20.00 ASSUM NAME # 2

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