

227

**FILED/EFFECTIVE**



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2002 SEP 27 AM 8:53

SECRETARY OF STATE  
BOISE, IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

ABC Drivers Training

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
<u>ABC Drivers Training</u>	<u>1845 W. Carol St.</u>
<u>Wilma John</u>	<u>Meridian, Id 83642</u>

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

- Retail Trade
- Wholesale Trade
- Services  
*Drivers Education*
- 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:

1845 W. Carol St.  
Meridian, Id  
83642

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):

888-5293

Signature: *Wilma John*  
(Signature required)

Printed Name: Wilma John

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\abn\_forms\abn.p65  
Revised 09/2002

Secretary of State use only

IDAHO SECRETARY OF STATE  
**09/27/2002 05:00**  
 CK: 3454 CT: 150010 BH: 490583  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

*D5862J*