

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO **98 FEB 20 AM 9:08**  
Pursuant to Section 53-504, Idaho Code, the undersigned OF STATE  
gives notice of adoption of an Assumed Business Name **STATE OF IDAHO**

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

The Windshield Doctor

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
<u>Tim Preheim</u>	<u>5316 E. Cleveland Blvd.</u>
	<u>Caldwell, ID. 83605</u>

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                   | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

The Windshield Doctor  
5316 E. Cleveland Blvd.  
Caldwell, Id. 83605

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):

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

Signature: Tim Preheim

Printed Name: Tim Preheim

Capacity: president

(see instruction # 8 on back of form)

Revision 2/87

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Secretary of State use only

02/20/1998 09:08  
CK: 5382 CT: 94545 BH: 83766

1 @ 20.00 = 20.00 ASSUM NAME

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