



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2018 FEB 28 PM 4:45

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

Ray's Auto Clinic

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Raymond Gonzales 1800 N. Woodruff Ave Idaho Falls ID

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

Retail Trade  
 Wholesale Trade  
 Services

Construction  
 Agriculture  
 Manufacturing

Transportation and Public Utilities  
 Mining  
 Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Ray's Auto Clinic

1800 N. Woodruff Ave

(Address)

Idaho Falls 70 83401

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Raymond GonzalesSignature: Raymond Gonzales

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/01/2018 05:00

CR:16953878 CT:172099 BH:1629687  
1@ 25.00 = 25.00 ASSUM NAME #2

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