

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

	FILED EFFECTIVE
CERTIFICATE OF	· /2/,
ASSUMED BUSINESS	· 6.7.
Pursuant to Section 53-504, Idaho Code, tl	he undersigned
submits for filing a certificate of Assumed E	Business Name.
Please type or print legibly. Instructions are included on back of app	plication.
 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
	's Garage
2. The true name(s) and <u>business</u> address(es	s) of the entity or individual(s) doing
business under the assumed business nar <u>Name</u>	me: Complete Address
Chopper	723 Rocky Point Rd, Pocatello ID 83204
	and at the appument business name is:
3. The general type of business transacted u	n and Public Utilities
Retail Trade I Transportation Wholesale Trade Construction	3 1
✓ Services	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	On another of State
correspondence should be addressed:	Secretary of State 450 North 4th Street
Chopper	PO Box 83720
723 Rocky Point Rd	Boise ID 83720-0080 208 334-2301
Pocatello ID 83204	
5. Name and address for this acknowledgme	ent
COPY IS (if other than # 4 above).	**
	Secretary of State use only
	oscionity of outer are em,
Signature: X	and the state of the second of
Printed Name: Chopper	s with grader to
Capacity/Title: owner	The state of the s
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	05/15/2012 05:00 CK: 533814 CT: 158818 BH: 1324139
Capacity/Title:	1 0 25.00 = 25.00 ASSUM NAME N 2

abn.pmd Rev. 07/2010

D155555