



CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 JUL -7 PM 1:14

SECRETARY OF STATE
STATE OF 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:

MAGIC AUTO SALES

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

Name
EDIN A ELVIRA

Complete Address
1715 GARRITY BLVD
Nampa IDAHO
83687

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

EDIN A ELVIRA

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

N/A

Signature: 

(signature required)

Printed Name:

EDIN A ELVIRA

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\format\format\idaho.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
07/07/2009 05:00
CK: CASH CT: 158010 BH: 1177861
1 @ 25.00 = 25.00 ASSUM NAME # 2

D31962

FILED ELECTRONIC