



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 JUL 14 AM 9:06

SECRETARY OF STATE
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:

Beckner Quality Repair

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 |
| Benjamin E. Beckner | 320 19th Ave. South |
| _____ | Nampa, Id. 83651 |
| _____ | _____ |
| _____ | _____ |

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

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Benjamin E. Beckner
 320 19th Ave. South
 Nampa, Id. 83651

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

Phone number (optional):
 208-880-8607

Signature: Benjamin E. Beckner
(signature required)

Printed Name: Benjamin E. Beckner

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
 07/14/2004 05:00
 CK: 1538 CT: 158010 BH: 755380
 1 @ 25.00 = 25.00 ASSUM NAME # 2