



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE
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2018 JUN 28 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

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

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):

Nancy Perez Madina 443 2nd Ave N Twin Falls ID 83301
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Nancy Perez Medina
(Name)
443 2nd Ave N
(Address)
Twin Falls ID 83301
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Nancy Perez Medina

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: 

Secretary of State use only

IDAHO SECRETARY OF STATE
06/28/2018 05:00
CK:938585 CT:355170 BH:1651125
16 25.00 = 25.00 ASSUM NAME #2

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