

## CERTIFICATE OF ASSUMED BUSINESS NAME

CTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 300 111 14 1111:48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	
North End Wheels t	Picycle Repair
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Parid Renuick	of the entity or individual(s) doing  Complete Address  Boise ID, 8 3703
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  David Renuick  1119 W. Highland View Dr.  Boise ID, 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  (208) 447-9165
	Secretary of State use only
Signature:	De7090
(signature required)	IDAHO SECRETARY OF STATE  97/14/2003 05:00  CK: 5400 CT: 158010 BH: 698920  1 8 25.80 = 25.00 ASSIM NOME # 2
Printed Name: David Renuick  Capacity/Title: Owner	IDAHO SECRETARY OF STATE  97/14/2003 05:00  CK: 5400 CT: 158010 BH: 690920  1 0 25.00 = 25.00 ASSUM NAME # 2