

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

IDAHO FALLS MOBILE APPEARANCE RECONDITIONING
SERVICE

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

Name	Complete Address
<u>BARRY J. KOFFORD</u>	<u>490 MARIAN CT RIGBY ID</u>
<u>JENNIFER G KOFFORD</u>	<u>(SAME)</u> 83442

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional):

IDAHO FALLS M.A.R.S
P.O. BOX 286
RIGBY ID 83442

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

Signature: BARRY J. KOFFORD

Printed Name: BARRY J. KOFFORD

Capacity: OWNER/OPERATOR

(see instruction # 8 on back of form)

FILED EFFECTIVE

Submit Certificate of
Assumed Business
Name and ~~\$20.00~~ fee to:

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

Secretary of State use only

Revision 2/97

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IDAHO SECRETARY OF STATE
07/29/2004 05:00
CK: 3735 CT: 158010 BH: 758896
1 @ 25.00 = 25.00 ASSUM NAME # 2

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