

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.

11 APR 14 AM 8: 42

Please type or print legibly. Instructions are included on back of application.

SECRET BY OF STATE STATE OF IDAHO

	Double S Dri	iving School	ol
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name Name Robert Lani Schofield		Complete Address
	Kathleen Z. Schofield	941 Milner	Buhi, ID 83316
3.	The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture		ic Utilities
:	☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Robert L. Schofield		Secretary of State 450 North 4th Street PO Box 83720
	941 Milner Street		Boise ID 83720-0080 208 334-2301
	Buhl, ID 83316	L	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		
•	ture: R. Jani Schofield		Secretary of State use only
pa	city/Title: Owner/Instructor		
зпа	ture: Kacher Schaffeld		IDAHO SECRETARY OF STATE
	d Name: Katty Scholield		CK: 4389 CT: 257759 BH: 126913 1 0 25.60 = 25.60 ASSUM MANE
apad	city/Title: Owner/Secretary		

abn.pmd Rev. 07/2010