



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.

07 JUN 11 AM 11:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

AUTO DIRECT OF TWIN FALLS

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------|-------------------------------|
| <u>ANGUS MYERS</u> | <u>643 2nd Ave So</u> |
| | <u>Twin Falls Idaho 83301</u> |
| | |

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

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

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

ANGUS MYERS
12101 W. Lester Dr
Boise Idaho 83709

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-841-7207

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/11/2007 05:00
CK: 2754 CI: 150010 BH: 1059337
1 @ 25.00 = 25.00 ASSUM NAME # 2