



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.

2013 MAR 14 AM 9:08

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

C & T REPAIR

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

Name

Complete Address

TONYA HARKINS

340 MAIN STREET, CASTLEFORD, ID 83321

CURT HARKINS

340 MAIN STREET, CASTLEFORD, ID 83321

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

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

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

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

C & T REPAIR

P.O. BOX 823

CASTLEFORD, ID 83321

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

Signature: *Tonya Harkins*

Printed Name: TONYA HARKINS

Capacity/Title: OWNER/CEO

Signature: _____

Printed Name: CURT HARKINS

Capacity/Title: OWNER/MANAGER

Secretary of State use only

IDAHO SECRETARY OF STATE
03/14/2013 05:00
CK: 8058 CT: 280434 BH: 1364577
1 @ 25.00 = 25.00 ASSUM NAME # 2

D161731