## CERTIFICATE OF ASSUMED BUSINESS NAME

TO THE SECRETARY OF STATE, STATE OF IDAHO 07 111 21 PM 3: 12			
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of			
ad	option of an Assumed Business Name.	STATE OF IDAHO	
1.	The assumed business name which the ur	idersigned use(s) in the transaction of	
	business is:	and a desired	
	PANHANDLE DRIV	NG School	
2	The true name(s) and business address(es) of the entity or individual(s) doing		
	business under the assumed business name is/are:		
	business under the assumed dusiness name is/are:		
	Name	Address Co. Worker	
	MIKE GINENS	1214 Kinnikinnik Ave Id 83864	
_		THE THIRTIE THE LOUGH	
3	The general type of business transacted un	dos the assumed business as a tra	
•	the develor type of admiress transacted of	ide: tile assumed business name is:	
-	Carine	•	
	SERVICES		
	See categories on the reverse		
	• •		
Ä	A The name and address to 111		
<b>+.</b>	The name and address to which correspondence should be addressed:		
	PANHANDLE DRIVING SCHOOL		
	1214 Kinnikinnik Ave. SAX	1890INT, Id 83864	
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		m 10 dd.	
٠	Signed	Michael 1. Sewens	
	_	00 / 6 6	
	Ву	Michael G. GIVENS	
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	Capacity_	OWNER	
	Submit Certificate of Assumed	Customer #	
	Business Name and \$20.00 fee to:	Cdaunier #	
	Carrata a citat i	Secretary of State use only	
	Secretary of State	IDANO SECRETARY OF STATE  97/21/1997 99:00 CX: 542 CT: 84595 BH: 23153	
	700 West Jefferson	§ 07/21/1997 09:00	
	PO Box 83720	X: 542 CT: 84595 BH: 23153	
	Boise ID 83720-0080	1 0 20.00 = 20.00 ASSUM MAME	
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