227

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

FILED EFFECTIVE

2014 APR 21 AM 9:42

SECRETARY OF STATE
STATE OF IDAHO

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

   John's Auto & Diesel Clinic

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
Michelle M. Lewis	1010 NW 16th St, Fruitland, ID 83619
John P. Lewis	1010 NW 16th St, Fruitland, ID 83619

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

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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:

   Michelle & John Lewis
   John's Auto & Diesel Clinic
   1010 NW 16th St Fruitland, ID 83619

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

   N/A

Signature: Michelle M. Lewis
Printed Name: Michelle M. Lewis
Capacity/Title: Owner
Signature: John Lewis
Printed Name: John Lewis
Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
04/21/2014 05:00
CK:21786420745 CT:295891 BH:1421053
1@ 25.00 = 25.00 ASSUM NAME #2

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