

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **FILED/EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

MEADS MOTORSPORTS

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

Name

Complete Address

JEFFREY O. MEANS

Complete Address
424 FILER AVE.

MICHELLER MEADS

10

11

TWIN FALLS, IN. 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208-736-2908

Jeffrey Mead
424 FILER AVE

TWIN FALLS ID 83301

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

02/04/2000 09:00
CK: 7374 CT: 126279 BH: 287537

1 @ 28.00 = 28.00 ASSUM NAME # 2

D 32860

Signature:

Jeffrey L. Mead

Printed Name _____

JEFFREY O. MEADS

Capacity:

(see instruction # 8 on back of form)