



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
11 JAN 24 AM 9:14
SECRETARY OF STATE
STATE OF IDAHO

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

S.H.G mobile Auto Repair

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>Steven Grochowski</u>	<u>5070 S SILVER SPUR ST Boise</u>
_____	<u>Idaho 83709</u>
_____	_____

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:

STEVEN HOWARD GROCHOWSKI
5070 S SILVER SPUR ST
BOISE IDAHO 83709

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

Signature: Steven H Grochowski

Printed Name: Steven Howard Grochowski

Capacity/Title: Owner/operator

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/24/2011 05:00
CK: 203010071415 CT: 150010 BH: 1256609
1 @ 25.00 = 25.00 ASSUM NAME # 2

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