



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **10 OCT 25 AM 9:13**
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Troy's Mobile Detailing

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

Troy A. Hooper

732 Bryden Ave Lewiston ID
83501

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Troy A. Hooper
732 Bryden Ave
Lewiston ID 83501

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

Phone number (optional):

208-413-1998

Signature: Troy Hooper
(signature required)

Printed Name: Troy Hooper

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
10/25/2010 05:00
CK: 182789878898 CT: 150010 BH: 1244480
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\compforms\labn form\labn.p65
Revised 04/2003

D 143006