



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

01 DEC 20 AM 9:25  
SECRETARY OF STATE  
STATE OF IDAHO

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

MIKE'S SERVICE & REPAIR

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

AARON M. BECKSTEAD 3666 DALEEN ST. ID. FALLS, ID. 83401

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): 208-681-1647

MIKE'S SERVICE & REPAIR  
3666 DALEEN ST.  
ID. FALLS, ID. 83401

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

Signature: [Handwritten Signature]  
Printed Name: AARON M. BECKSTEAD  
Capacity: OWNER  
(see instruction # 6 on back of form)

Revision 1/88  
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Secretary of State use only

IDAHO SECRETARY OF STATE  
12/20/2001 05:00  
CK: 1484 CT: 154848 BH: 435812  
1 @ 20.00 = 20.00 ASSUM NAME # 2  
D50610