



**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

Secretary of State use only

Signature:

Aaron M. Beckstead

Printed Name:

AARON M. BECKSTEAD

Capacity:

OWNER

(see instruction # 6 on back of form)

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

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