

Printed Name: Dary

Capacity/Title: Owner

(see instruction # 8 on back of form)

## 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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

06 JAN 20 ANN: 59

SECTLAND OF STATE

	STATE GETDA <b>HO</b> TT
1. The assumed business name which the undersig business is:  Superior Auto Deta	
2. The true name(s) and <u>business</u> address(es) of th business under the assumed business name:  Name  Name  Narw: N   See Sc. 22	Complete Address  Olgrant Au.
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  2201 Grant Au  Boile ID. 8370 (c)	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  201 Grant Au. Boise ID 83706	Phone number (optional):  Secretary of State use only
anature: Amin Leu Sr.	1000 SECRETARY OF STATE

g:\corp\forms\abn forms\abn Revised 04/2003

IDAHO SECRETARY OF STATE

01/20/2006 05:00

CK: 1260 CT: 158010 BH: 933257

1 2 25.00 = 25.00 ASSUM NAME # 2