

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFF**  
AUG 24 AM 9:59  
SECRETARY OF STATE  
STATE OF IDAHO



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.

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

Twin City Towing & Transmission

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
<u>Rick L. TAYLOR</u>	<u>407 Bryden Ave</u>
	<u>Lewiston, Id 83501</u>

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) 208-743-3995

Rick L. TAYLOR  
407 Bryden Ave  
Lewiston, Id. 83501

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  
208 334-2301v

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

Clearwater Credit Union <sup>ATTN: Sue</sup>  
P.O. Box 494  
Lewiston, Id. 83501

Signature: [Handwritten Signature]

Printed Name: Rick L. TAYLOR

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/24/2001 05:00  
CK: 77384 CT: 1277 BH: 415547  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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