

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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. 2006 OCT 25 All 8: 59

NOTE: See instructions of reverse before initig.	SECRETATION OF THE SECRETARY
1. The assumed business name which the undersigned business is:  RAGS. REPARS AND GEN	
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name:  Name  E.72 C	ntity or individual(s) doing  Complete Address  COMERACK BAY LN SAGLE, ID , 83840
3. The general type of business transacted under the a  Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  RAGE REPAIRS AND CENTRAL SERVICE.  E. 22 COMERACK BAY LN.  SAGLE, ID. 83860	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208.255.7247
- ME	Secretary of State use only
Signature:  Signature:  (signature advired)  Printed Name:  Capacity/Title:  OWNER	IDAHO SECRETARY OF STATE
Capacity/Title: OWNER 99	10/25/2006 05:00 CK: 2202 CT: 205821 BH: 987815 1 0 25:00 = 25:00 ASSUM NAME # 2