

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2012 JUL -5 AM 9:127

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

Done Right Trai	ler Repair
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  William C Carr 11  Box # 9 Emmett ID. 83617	the entity or individual(s) doing <u>Complete Address</u> N Washington Ave Emmett ID. 83617
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction	
✓ Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:     Done Right Trailer Repair	Secretary of State 450 North 4th Street PO Box 83720
Box # 9 Emmett ID. 83617 208-608-3308	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nted Name: William C Carr 11	
pacity/Title: owner operator	
gnature:	IDAHO SECRETARY OF STATE 07/05/2012 05:0
inted Name:	CK: 1052299 CT: 172899 BH: 1336

abn.pmd Rev. 07/2010

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