

D 3605

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.

APR 17 11 13 AM
SECRETARY OF STATE

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

Ida / MO App Maintenance & Appliance 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
<u>Wayne W. Foster</u>	<u>2218 Fairwood Dr</u>
	<u>Meridian, Id 83642</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): 884-3890

Wayne Foster
2218 Fairwood Dr
Meridian, Id 83642

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

IDAHO SECRETARY OF STATE
DATE 04/17/1997
0900 83920 2
CK #: 4113 CUST# 80034
ASSUM NAME 18 20.00= 20.00

Signature: Wayne W. Foster

Printed Name: Wayne W. Foster

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

g:\compforms\albn.pms

: D