

Signature:

Printed Name: \_

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**RICK FENTON** 

**OWNER** 

(see instruction # 8 on back of form)



FOBES TRANSTI	ECH AUTOMOTIVE
The true name(s) and <u>business</u> address(es) business under the assumed business name	
<u>Name</u>	Complete Address
RICK FOBES	4529 FENTON ST
CHARLENE FOBES	BOISE ID 83714
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
4629 FENTON	Boise ID 83720-0080
BOISE ID 83714	208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional):

D 53420

IDAHO SECRETARY OF STATE

03/29/2002 05:00

CK: 8191 CT: 158010 BH: 455671

1 # 20.00 = 20.00 ASSUM NAME # 2