

Capacity/Title:

## 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.

2013 OCT 23 PM 2: 22

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

D166560

1.	The assumed business name which the under business is:  Guaranteed Towing E		d use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name  Name  Kevyn T. Klock	of the e		
3.	The general type of business transacted under the assumed business name is:  Retail Trade			
	<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>		Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed:  3932 Niemann Dr.  Meridian 1D 83546		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):  5 ame as above			
Signa	ture: My MM		Secretary of State use only	
•	d Name: Kenyn T. Klock			
Capa	city/Title: owner		IDAHO SECRETARY OF STATE	
Signature:			10/23/2013 05:00 CK: CASH CT: 158818 BH: 1395138	
Printed Name:			1 0 25.00 = 25.00 ASSUM NAME 1 2	

abn.pmd Rev. 07/2010