



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

2015 MAR -2 AM 9:32

**SECRETARY OF STATE
STATE OF IDAHO**

Please type or print legibly.

Instructions are included on back of application.

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

Shockey's Trucks & Equipment Repair

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Stephen Shockey
Jeanette Shockey

Complete Address
P.O. Box 265 Laclede, Id, 83841
P.O. Box 265 Laclede, Id, 83841

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Steve & Jeanette Shockey
P.O. Box 265
Laclede ID, 83841

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [Signature]

Printed Name: Stephen Shockey

Capacity/Title: owner

Signature: [Signature]

Printed Name: Jeanette Shockey

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE

03/02/2015 05:00

CK:701826260 CT:307155 BH:1464291

1@ 25.00 = 25.00 ASSUM NAME #2

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