CERTIFICATE OF

FILED TIVE ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned MAR 15 PH 12: 53 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
The assumed business name which the undersigned	l use(s) in the transacuon of
hieinogg is'	
KEENAN'S Repair	
- ddman(on) of the fi	entity or individual(s) doing
The true name(s) and business address(es) of the ebusiness under the assumed business name:	
Name	Complete Address
Christopher A. Keenan GOE	590 N Shoshoul ID \$335
CHISTOPARI H. Recons	
	and husiness name is
The general type of business transacted under the	assumed pusitiess fieline to.
Township and Pi	
Retail Trade Transportation Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
. The name and address to which future	700 West Jefferson
correspondence should be addressed	Basement West PO Box 83720
P.O. BOX 419	Boise ID 83720-0080
Shoshove ID 83352	208 334-2301
	Company of the Compan
5. Name and address for this acknowledgment	Phone number (optional):
Copy is (if other than #4 above).	
	Secretary of State use only
nature:	
nted Name: C. A. Keevan	
pacity/Title: OWNEC (see instruction # 6 on back of form)	
المسمطة السياسية بيسية	· · · · · · · · · · · · · · · · · · ·

10HHU SECKETARY OF STATE

43/15/2007 05:00

CK: CASH CT: 158610 BH: 1848384

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