



# 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.

FILED EFFECTIVE  
2004 MAY 27 AM 9:13

STATE OF IDAHO

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

Cruzer Custom Auto

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

Name

Complete Address

Joel Thomsen

719 Bonanza Ave, Chubbuck ID, 83202

Misty Thomsen

719 Bonanza Ave, Chubbuck, ID, 83202

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:

Joel Thomsen

719 Bonanza Ave

Chubbuck, ID 83202

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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-637-8022

Signature: Joel Thomsen

(signature required)

Printed Name: Joel Thomsen

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
05/27/2004 05:00  
CK: 1395 CT: 150010 BH: 747435  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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