



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 EPT 17

2006 MAY 15 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

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

JOE'S A-1 APPLIANCE REPAIR

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

CODY'S APPLIANCE REPAIR INC.

1117 E PLAZA DR. STE C-2, EAGLE ID 83616

C139168

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:

CODY'S APPLIANCE REPAIR INC.

1117 E PLAZA DRIVE STE C-2

EAGLE, ID 83616

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

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

SAME AS ABOVE

Phone number (optional):

208-938-1066

Signature: _____

(signature required)

Printed Name: PATTY HUSK

Capacity/Title: SECRETARY

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn forms\abn p55
Revised 04/2003

05/15/2006

IDAHO SECRETARY OF STATE
05/15/2006 05:00
CK: 1928 CT: 146762 BH: 954744
1 @ 25.00 = 25.00 ASSUM NAME # 2