



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 MAR 29 AM 9:09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Don's Mobile rv repair

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

Name Don Cochran Jr Complete Address 2811 4th ave.
Lewiston Id. 83501

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

Don Cochran
2811 4th ave
Lewiston Id. 83501

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):

208-746-1908

Signature:

Signature: Don L. Cochran (signature required)

Printed Name: _____

Don L Cochran Jr

Capacity/Title:

OWAPF

(see instruction # 8 on back of form)

Secretary of State use only

Revised 10/2/03
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IDAHO SECRETARY OF STATE
03/29/2007 05:00
CK: 1820 CT: 158010 BH: 1043380
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