Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

PILEU EFFECTION

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

Please type or print legibly.

93 JUL 23 AM 11: 12

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing.	STATE UP IDANO
1. The assumed business name which the undersigned business is:  AUTO Wiles a round	use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name:  Name  Sereman Shapel 10379  P.Mo. 1	Complete Address  8 W. Fairwew Ave  B. 248  B. J. 83704
3. The general type of business transacted under the assemble and Retail Trade	
4. The name and address to which future correspondence should be addressed:  10318 (N). Fraisciew Hoe P. M. B. 248 Boise, Id. 63704	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):	Phone number (optional):  103-64/7
	Secretary of State use only

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IDAHO SECRETARY OF STATE 97/23/2003 05:00 CK: CASH CT: 156010 BH: 692508 1 0 25.00 = 25.00 ASSUM NAME # 2