



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

07 SEP 11 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

A-2-EZ STORAGE

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

Name

BEN LEAVELL

Complete Address

1867 EAST 1750 SOUTH, GOODING, ID 83330

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		

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

BEN LEAVELL

1867 EAST 1750 SOUTH

GOODING, ID 83330

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

Signature

(signature required)

Printed Name: BEN LEAVELL

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

DIN967

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Revised 04/2003

IDaho SECRETARY OF STATE
09/11/2007 05:00
CK: 1102 CT: 158010 BH: 107499
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