

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



FILE

NOV 16 PM 2:30

STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

New ABC Auto Clinic (old name-ABC Auto)

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

<u>ABC Auto Clinic</u>	<u>2831 Poratello Ave American Falls, ID 83201</u>
<u>208-226-2042</u>	
<u>Troy Brazelton</u>	

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 226 2042

ABC Auto Clinic  
P.O. Box 138  
American Falls, ID 83211

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Troy Brazelton  
Printed Name: Troy Brazelton  
Capacity: Sole Proprietor  
(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:  
  
Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

11/16/1998 09:00  
CK: 915 CT: 106814 BH: 161825  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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