

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 MAR -3 AM 9: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECKLIARY L: LIAIL STATE OF IDAHO

| The assumed business name which the un business is: | dersigne | ed use(s) in the transaction of |
|---|---|--|
| Lloyd's Repair | · | |
| The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u> | ne: | Complete Address |
| Rosald M Cloyd | 20 - | Thrice fore |
| | Conce | 7 Inthe 83320 |
| 3. The general type of business transacted un | der the | assumed business name is: |
| Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: | and Pu | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West |
| Renald M bleyd 20 Junie Lane Carry ID 83320 | PO Box 83720 Boise ID 83720-0080 208 334-2301 | |
| 5. Name and address for this acknowledgme copy is (if other than #4 above): | nt | Phone number (optional): |
| | | Secretary of State use only |
| Signature: (signature required) Printed Name: Rowald m Lloyd Capacity/Title: Owach (see instruction # 8 on back of form) | g/corp/forms/abn forms/abn.p65 Revised 04/2003 | IDANO SECRETARY OF STATE 93/93/2095 95:00 CK: 1112 CT: 158010 BH: 796397 1 0 25.00 = 25.00 ASSUM NAME # 2 |
| | <u> </u> |) 85099 |