CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

FILED

	Pursuant to Section 53-504, Idah gives notice of adoption of an As			2: 08
1.	The assumed business name which the und business is:	dersigned use	e(s) in the transaction STATE OF ID.	
	Specialized Auto 4 P	\ <u>\</u>	i de	60
2.	The true name(s) and business address(es) business under the assumed business name Name Name Nark Lon Brengelman	e is/are: <u>Con</u>	or individual(s) doing nplete Address Focks Rd Post S	
3.	The general type of business transacted und (mark only those that apply)	der the assur	med business name	i s :
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction		nsportation and Publ ance, Insurance, and ing	м !
4.	The name and address to which future correspondence should be addressed:			
	203 E Third		Submit Certificate of Assumed Business Name and \$20.00 fee	e to:
	Past Falls Id 83854		Secretary of State	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301)
		1/98	Secretary of State use of IDAHO SECRETARY OF STATE	nly
Signatu	ure: Mark & Raengelman	Revision 1/88		3438 🔩
Printed Name: NAK Srenge/man		1 58	# 28.88 = 28.88 ASSUM)	WE # 5
Capaci	(see instruction # 8 on back of form)	orpVorms\abn.p65	D 28	550