

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 JAN 24 PM 2:30

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Chop Shop (The)

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

Name

Complete Address

Tina M Kienlen

475 Northgate Mile Suite G, Idaho Falls, ID 83401

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:

450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The person and address to which future:

The Chop Shop

475 Northgate Mile Suite G

Idaho Falls, ID 83401

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

Secretary of State use only

Signature: Tina M Kienlen

Printed Name: Tina M Kienlen

Capacity/Title: Owner

Signature: _____

Printed Name: Tina M Kienlen

Capacity/Title: Owner

IDAHO SECRETARY OF STATE
01/24/2012 05:00
CK: 885289 CT: 172899 BH: 1387545
1 @ 25.00 = 25.00 ASSUM NAME # 2

slm.pmd Rev. 07/2010

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