27	
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Na	ned 05 JAN 19 AM 10: 01
Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETATE OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>BLUE Lagarn Part &amp; SPU SERVICE &amp; REPAIR</u>	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: <u>Name</u> <u>Kichaed W. Brown</u> 2167	ntity or individual(s) doing <u>Complete Address</u> <u>w Forest Gn CT Easle</u> Bild
<ul> <li>3. The general type of business transacted under the a</li> <li>Retail Trade</li> <li>Transportation and Pub</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	
4. The name and address to which future correspondence should be addressed: <u>P.O.Box 194</u> Eagle <u>TD</u> 83616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment COPY IS (if other than #4 above):	Phone number (optional): 208-860-830/
Signature: 400 0000 Signature: 500000 Signature: 500000 Signature Squired) Printed Name: ACHURA W. BAOW Capacity/Title: OWNER	Secretary of State use only IDANO SECRETARY OF STATE 91/19/20035 05 # 00 CK: 462652 CT: 172099 BH: 788094 1 8 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	D 83557