

Printed Name: <u>Gene</u> K.

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

SECRETARY OF STATE STATE OF IDAMO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

. The assumed business name which the undersign	ned use(s) in the transaction of
business is: Reliable Home Repa	irs
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Reliable Home Repairs 1161 E. Congar Creek Dr. Meridian, ID 83642	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): 208-855-9533
	Secretary of State use only
ature: San a K Hallakaa	D79351

corp/forms/abn forms/ab Revised 04/2003

IDAHO SECRETARY OF STATE

98/20/2004 95:00

CK: 6786 CT: 158818 BH: 762895
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