

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

FILED EFFECTIVE

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	siness is: <u>Wilson's</u> RN REPAIR	,	
_	WILSONS EN EETAR		
	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:		
4	Name SHEG LIC		Complete Address
		<u>5894 e</u>	E GATEWAY DR. BOISE, 83716
	1:043004	<u></u>	
3. Th	e general type of business transacted	under the a	assumed business name is:
_	_		
×	Retail Trade Transportati		olic Utilities
Ļ	Wholesale Trade Constructio	n	
L	Services Agriculture		Submit Certificate of
Ĺ	☐ Manufacturing ☐ Mining		Assumed Business
L		te	Name and \$25.00 fee to:
4. Th	e name and address to which future		Secretary of State
CO	rrespondence should be addressed:		700 West Jefferson
١.	VILSONS RV REPAIR		Basement West PO Box 83720
-		-	Boise ID 83720-0080
_		-	208 334-2301
	Soise, (D 83716)	-	
<u>\2</u>			Phone number (optional):
_	lame and address for this acknowledgr	ment	Phone number (optional).
5. N	lame and address for this acknowledgr opy is (if other than # 4 above):	ment	r none number (optional).
5. N	•	ment	——————————————————————————————————————
5. N	•	ment	
5. N	•	-	Secretary of State use only
5. N	•	-	Secretary of State use only
5. N	Opy is (if other than # 4 above):	ment Corpiformslabn formslabn.p66 Revised 04/2003	