



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.

02 JUN -6 PM 2:11

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

ABI DRIVING SCHOOL

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

MICHAEL FINNEGAN

6633 USTICK RD

BOISE IDAHO 83704

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

ABI DRIVING SCHOOL

6633 USTICK RD.

BOISE IDAHO 83704

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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):

Signature:

Michael Finnegan

Printed Name:

MICHAEL FINNEGAN

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

055528

IDAHO SECRETARY OF STATE
06/06/2002 05:00
CK: CASH CT: 158818 BH: 478878
1 @ 20.00 = 20.00 ASSUM NAME # 2