



# 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.**

**FILED EFFECTIVE**  
04 MAY -5 PM 3:36

CLERK OF STATE  
STATE OF IDAHO

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

The Auction Drop Shop

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

Melissa BOX

395 W. Trophy St. Kuna, 83634

Trampus BOX

395 W. Trophy St. Kuna, 83634

Chelsey Lechelt

306 E. Striped Owl Dr. Kuna 83634

Adrian Lechelt

306 E. Striped Owl Dr. Kuna 83634

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

Melissa BOX

395 W. Trophy St.

Kuna, Id. 83634

Submit Certificate of  
Assumed Business  
Name and **\$25.00** 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):

208 922-2944

Secretary of State use only

Signature: Melissa J. BOX  
(signature required)

Printed Name: Melissa J. BOX

Capacity/Title: General Partner

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn.p85  
Revised 04/2003

IDAHO SECRETARY OF STATE  
05/05/2004 05:00  
CK: 2788 CT: 158810 BH: 743340  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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