

## **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)

2006 JUN 19 AM 10: 16 SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:      And S Mobile Service	
2. The true name(s) and business address(es) of the er business under the assumed business name:  Name  Steve Kuhn  (INAY Kuhn  JOI	ntity or individual(s) doing  Complete Address  17 14 14 W Gooding, TO  7 14 14 W Gooding, TO
3. The general type of business transacted under the a	ssumed business name is:
<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Construction</li> <li>□ Services</li> <li>□ Manufacturing</li> <li>□ Mining</li> <li>□ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  ( and S Mobile Service 1017 1472 W)  Gouding, TO 83.330	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):
	Secretary of State use only
Signature:	DIOCOTOR STATE
Capacity/Title: <u>Corowner</u>	06/19/2006 05:00 CK: 351345696 CT: 201481 BH: 9607 1 0 25.00 = 25.00 ASSUM NAME #