	CERTIFICATE O	F FILED EFFECTI
	ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code,	the undersigned 2014 OCT 29 PM 12: 56
submits for filing a certificate of Assumed Business Name. <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>		SECHETARY OF STATE STATE OF IDAHO
busin	assumed business name which the u less is: > Mobile Repair	indersigned use(s) in the transaction of
	rue name(s) and <u>business</u> address(e less under the assumed business na	es) of the entity or individual(s) doing ame:
	Name	Complete Address
Andr	ew Hanson	1043 S Bobby Ave
		Kuna, ID 83634
4. The and a correct Andree 1043 Kuna. 5. Name		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise 1D 83720-0080 208 334-2301
ignature:	Al Mh	Secretary of State use only
Printed Name: Andrew Hanson		IDANO SECRETARY OF STATE
	tle: Owner	
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