

Printed Name:

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

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.

Ideal Auto Repair Service	
The true name(s) and business address(es) o business under the assumed business name: Name Lynn Dickerson	of the entity or individual(s) doing Complete Address 988 North Highway 33, Rexburg, Idaho 83440
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Lynn Dickerson 17 Cenarrusa Lane Carey, Idaho 83320	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):

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11/97/2002 05:00
CK: 2528 CT: 158010 BH: 644785
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FILED/EFFECTIVE

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