



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE
2017 APR 13 AM 9:05
SECRETARY OF STATE
STATE OF IDAHO

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

AUTO DETAIL SPECIALISTS AND TRANSPORTATION

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

SPENCER OLIVERSON PO BOX 104 MENAN, ID 83434
(Name) (Address)

HILLARY OLIVERSON PO BOX 104 MENAN, ID 83434
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

SPENCER OLIVERSON
(Name)

PO BOX 104
(Address)

MENAN ID 83434
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: SPENCER OLIVERSON

Signature: [Signature]

Printed Name: Hillary Oliverson

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/13/2017 05:00

CK:8020 CT:337907 BH:1578948
10 25.00 = 25.00 ASSUM NAME #2

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