



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

JAN 30 PM 2:05

CLERK OF STATE
STATE OF IDAHO

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

Idaho City Service & Towing

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

Lee M. Blough

3770 Hwy 21, Idaho City, ID 83631

Linda D. Blough

3770 Hwy 21, Idaho City, ID 83631

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

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

~~Lee M. Blough~~ Lee Blough

P.O. Box 154

Idaho City, ID 83631

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

Phone number (optional):

Secretary of State use only

Signature: Lee M. Blough
(signature required)

Printed Name: Lee M Blough

Capacity/Title: Owner/Operator

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
01/30/2003 05:00
CK: CASH CT: 158010 BH: 668054
1 @ 20.00 = 20.00 ASSUM NAME # 2

D6/987