

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2015 FEB -6 AM 8: 20

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

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Instructions are included on back of application.

| <ol> <li>The assumed business name which the under<br/>business is:</li> </ol>  | signed use(s) in the transaction of   |
|---|---|
| NORTHWEST MO  | bile Repair   |
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Martin  7     | the entity or individual(s) doing  Complete Address  23. Oper St. Sarvelpoint,  TD 83864                    |
| 3. The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction         | <b>  </b>   |
| Services  | 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:  CF Martin  723 Oak ST Sandpoin  20 83864 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301                       |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):  |   |
|   | Secretary of State use only   |
| Signature:  | IDAHO SECRETARY OF STATE  02/06/2015 05:00  CK:2555010 CT:172099 BH:1460649  16 25.00 = 25.00 ASSUM NAME #2 |
| Printed Name:   | <b>†</b>  |

D176592

Capacity/Title: