

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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. 07 FEB 28 PH 1: 05

SECAL EL OF STATE

1. The assumed business name which the unbusiness is:  No VIZION AUTO DETAIL	STATE OF DAHO  dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name  Name  CHES ARMANDO MARTINEZ  LEGIEL JEFFERE MARTINEZ	of the entity or individual(s) doing ne: <u>Complete Address</u> 2371 N. Five Mile Boise ID, 83713  2371 N. Five Mile Boise ID, 83713
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  SAME	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
Signature: (signature required)  Printed Name: Chris ArmaniDo Martinez	IDAHO SECRETARY OF STATE  O2/28/2007 05=00  CK: CASH CT: 158010 BH: 1036382 1 8 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Owner	02/28/2007 05:00 CK: CASH CT: 158010 BH: 1036382 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	Ö