



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

AUTO GLASS CONNECTION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name Mike Fuller

Complete Address

1395 S. HOLMES

JOHN FALLS, ID 83404

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☒ Retail Trade☐ Manufacturing

Transportation and Public Utilities

☐ Wholesale Trade☐ Agriculture

Finance, Insurance, and Real Estate

☐ **Services**

☐ Construction



Mining

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

Phone number (optional): _____

Mike Fuller

1395 S. HOLMES

LOANO FALLS, ID 83404

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

**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

Signature:

Printed Name: Mike Fuller

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

07/30/1998 09:00
CK: 3106 CT: 102140 BH: 132422

1 @ 20.00 = 20.00 ASSUM NONE

D 17109

8841 1/28/82

5501 Lakeland Blvd., E.