



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

To the SECRETARY OF STATE, STATE OF IDAHO, JUL 13 PM 2:13

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:

Hometown Auction Service

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	Complete Address
<u>LARRY R SCHWAB</u>	<u>3147 1407 POWERS AVE</u>
	<u>LEWISTON, ID 83501</u>

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

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

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

Phone number (optional): 208 743 7886

LARRY R SCHWAB
1407 POWERS AVE
LEWISTON, ID 83501

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:

Larry R Schwab

Printed Name:

LARRY R SCHWAB

Capacity:

OWNER

(see instruction # 8 on back of form)

SEALING SECRETARY OF STATE

07/14/1998 09:00
CX: 1069 CT: 101424 IN: 127665

1 @ 20.00 = 20.00 ASSUM NAME

#D16650

Revision 1/98

© Corporation/State jobs