

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 DEC -3 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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

Night Owl Recovery and 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

Devin Stephens

~~64 Scotch Pine Lane Nampa ID~~
3116 Garrity Blvd. 83687
Ste 7 Box 71 Nampa
ID 83687

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 \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Night Owl Recovery & Towing
3116 Garrity Blvd Ste 7, Box 71
Nampa, ID 83687

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

Signature: Devin Stephens

(signature required)

Printed Name: Devin Stephens

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\state\form\state\pds
Revised 04/2003

IDAHO SECRETARY OF STATE
12/03/2008 05:00
CX: 4136 CT: 231923 BH: 1146716
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 126690