



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE
01 APR 24 AM 8:46
SECRETARY OF STATE
STATE OF IDAHO

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

Bill's Tire & Auto

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
<u>Bill Lamb</u>	<u>P.O. Box 769 460 S. State St.</u>
<u></u>	<u>Hagerman, Id 83332</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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 | |

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

Bill's Tire & Auto
P.O. Box 769
Hagerman, Id 83332

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

Signature: Bill Lamb
Printed Name: Bill Lamb
Capacity: owner

(see instruction # 8 on back of form)

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

Phone number (optional):

208-887-9119

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2001 09:00
CX: 1009 CT: 145479 BH: 393115

1 @ 20.00 = 20.00 ASSUM NAME # 2

g:\compforms\abn form\abn.p65
Revised 01/2001

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