

Printed Name:

Capacity/Title:_

OW NE

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 DEC 28 AM II: 44

SECRETA TO OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is: ACTION ELECTION	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Left Dommor 130	entity or individual(s) doing Complete Address REHAWKSVESTST. WA FW 83634
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Positive Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ACTION ELECTIC 133 E HAWKSWLST ST. LUNCH TO C3634	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
 Name and address for this acknowledgment copy is (if other than # 4 above): 	
Signature: Signature: Soor	Secretary of State use only

IDAHO SECRETARY OF STATE 12/28/2007 05:00 CK: 1397593 CT: 172099 BH: 1091866 1 8 25.00 = 25.00 ASSUM NAME # 2

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