



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

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

2013 FEB 27 AM 9:38

Please type or print legibly.  
Instructions are included on back of application.

 SECRETARY OF STATE  
 STATE OF IDAHO

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

24/7 Mobile Road Service

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

|                             |   |
|-----------------------------|---|
| <u>Name</u>                 | <u>Complete Address</u>                   |
| <u>Robert Gordon Culley</u> | <u>912 4<sup>th</sup> Ave N. Nampa Id</u> |
|                             | <u>83687</u>                              |

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 |  |

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

912 4<sup>th</sup> Ave N  
Nampa Id  
83687

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Robert G. Culley

Signature: Robert G. Culley

Printed Name: Robert G. Culley

Capacity/Title: Sole proprietorship

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 02/27/2013 05:00  
 CK: 1300839 CT: 172099 BH: 1361993  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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