



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
2009 OCT -11 AM 9:01
IDAHO

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

Allstate 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

Dalbert 'Del' Allmon

5875 N. Locust Grove Rd Meridian, ID

Delphine Allmon

5875 N. Locust Grove Rd Meridian, ID

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:

Allstate Towing

Del/Delphine Allmon

5875 N. Locust Grove Rd

Meridian, ID 83642

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

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

Phone number (optional):

208-939-6444

Secretary of State use only

Signature: *Delphine Allmon*

(signature required)

Printed Name: Delphine Allmon

Capacity/Title: owner

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE
10/09/2002 05:00
CK: 3666 CT: 164077 BH: 575128
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 58943