



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 JAN -3 AM 10:46

SECRETARY OF STATE
STATE OF IDAHO

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

APPLIANCE PRO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

KARL REYNOLDS 936 12TH STREET IDAHO FALLS, ID 83404

(Name) (Address)

LAURIE REYNOLDS 936 12TH STREET IDAHO FALLS, ID 83404

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

KARL REYNOLDS

(Name)

936 12TH STREET

(Address)

IDAHO FALLS

ID

83404

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: KARL REYNOLDS

Signature: Karl Reynolds

Printed Name: LAURIE REYNOLDS

Signature: Laurie Reynolds

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/03/2017 05:00

CK:1777 CT:332903 BH:1562096

1@ 25.00 = 25.00 ASSUM NAME #2

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