## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 11 -5 8: 12 submits for filling a certificate of Assumed Business killing a certificate of Assumed Business killing as

submits for filling a certificate of Assumed Business N	ame.
Please type or print legibly.  NOTE: See instructions on reverse before filling. SECRETERY OF STATE  STATE OF ICARO	
1. The assumed business name which the undersigned use(s) in the transaction of	
business is: ) AA	
	100
Vary S John Ger	ieral Repair
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
VARY Sohnson 70	11 11) Museulus
	i w mossycup
JATRICIA & JOHNSON 13	0150 10
80	3709-2844
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
7611 101 Massuca	Basement West PO Box 83720
Die	Boise ID 83720-0080
130,50 J.d.	208 334-2301
83709-2844	230 001-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (If other than # 4 above):	362-0013
	<u> </u>
	Secretary of State use only
ignature: Taturia Afolinson rinted Name: Patricia L Johnson	0112022

Si Capacity/Title: Owner / Book Keeper (see instruction # 8 op back of form)

IDAHO SECRETARY OF STATE

96/05/2007 05:00

CK: 18849 CT: 214879 BH: 1858854
1 8 25.88 = 25.88 ASSUM NAME # 2