

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.

11 DEC -1 AM 9:07

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

SECRETARY OF STATE STATE OF IDAHO

	Galen's Mobile Repa	air
The true name(s) and <u>business</u> business under the assumed bu <u>Name</u> Galen Hoover		Complete Address
	Gooding,	ID 83330
Wholesale Trade Co	insportation and Pul enstruction griculture ning	Submit Certificate of Assumed Business
4. The name and address to which correspondence should be addr Galen Hoover 1357S 2000E Gooding, ID 83330	n future	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 acknopy is (if other than # 4 above):	owledgment	
gnature: Lalen Hoover		Secretary of State use only
inted Name: Galen Hoover		
pacity/Title: Owner		
nature:		IDAHO SECRETARY OF STATE 12/01/2011 05:00
inted Name:		CK: 201 CT: 264558 BH: 1299919 1 8 25.80 = 25.80 ASSUM MANE #
apacity/Title:		

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