CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO98 JUL 10 PM 4: 39 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Bushing OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Hours AUTO REPAIR a fer 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 1806 Allumbaugh Brise Pd 8224

3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	☐ Wholesale Trade ☐ Agriculture ☐ Fin ☐ Services ☐ Construction ☐ Mir	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:	
	300 & 35 Th GARDEN CITY \$3714	Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Secretary of State 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

INCHO SECRETARY OF STATE

87/13/1998 89:00 Ck: 1165 CT: 101%3 M: 127279

28.96 = 20.96 ASSEM NAME

D16604

Signature:

Printed Name: 1) nus

Capacity: / ကယ္ကာပင္ ဂ