CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on the CAPACITY CONTROL OF THE CONTROL OF T

	To the SECRETARY OF STATE, STA	lah	o Code, the	undersigned $^{\prime\prime}$ AUG ~ 5 $_{AM}$ $_{IO}$
1.	The assumed business name which the undersigned use(s) in the transaction of AHO Business is: CANON REPAIR			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	<u>Name</u>	Complete Address		
	LARRY M BROWN	4520 CLEVE		LAND BLUD.
		<u> </u>	ALDWELL	ID 83605
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction			nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:			
	4520 E. CLEVELAND RL	VI)	Submit Certificate of Assumed Business
	CALDWELL ID 83605	-		Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgm copy is (if other than # 4 above):			700 West Jefferson Basement West
	——————————————————————————————————————			PO Box 83720 Boise ID 83720-0080 208 334-2301
	1		888	Secretary of State use only
gnatı	ire: Min M Brown	-	Revision 12/96	
rinted Name: LARRY M BROWN				IDAHO SECRETARY OF STATE 08/07/2001 05:00 CK: 99297485 CT: 86844 PH: 412817
apaci	(see instruction # 8 on back of form)		p:\corpitorms\u00e4bn	1 0 28.00 = 20.00 ASSUM MAME # 2

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