



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

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

MAURO AUTO REPAIR & SALES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

MAURO VILLARRUEL

Complete Address

69 N HIGHWAY 75, SHOSHONE, ID 83352-5159

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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

4. The name and address to which future correspondence should be addressed:

69 N HIGHWAY 75

P. O. BOX 50

SHOSHONE, ID 83352-5159

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

SAME

Phone number (optional):

208-886-2857

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

MAURO VILLARRUEL

Capacity/Title: \_\_\_\_\_

OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
07/25/2005 05:00  
CK: NO CK # CT: 150010 BH: 822941  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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