

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

D84575

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FER 14 PH 2: 23

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF BAHO

1. The area of the second seco	
The assumed business name which the undersi	gned use(s) in the transaction of
business is.	1
- Incinci Car le	aler
	9 -
2. The true name(s) and <u>business</u> address(es) of the business under the appropriate the property of the prope	he entity or individual(a) dains
business under the assumed business name:	no chary of individual(s) doing
<u>Name</u>	Complete Address
Ben Mockwitz	11-1-1-1
- TOURWITE	7/09 Chinden Boise IN 85
3. The general type of business transacted under the	he assumed business name is:
_	
Retail Trade Transportation and	Public Utilities
Services Agriculture	
	Submit Certificate of
_	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Samuel III (S)
correspondence should be addressed:	Secretary of State 700 West Jefferson
D * 1	Basement West
Ben Markwitz	PO Box 83720
4709 Charles	Boise ID 83720-0080
7/09 Chinden	208 334-2301
Boise 12 83714	200 004-2301
5. Name and address for this acknowledgment	Dhone number of
copy is (if other than #4 above):	Phone number (optional):
copy to (il other than # 4 above).	
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	Secretary of State use only
Inature: Signature required (signature required)	
nature: Ben Mockwitz  pacity/Title: Declar	IDAHO SECRETARY OF STATE
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pacity/Title: Dec la c	1 8 25.00 = 25.00 ASSUM HAME