



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 MAR 21 PM 1:39

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

1st Choice mobile windshield repair

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

| <u>Name</u> | <u>Complete Address</u> |
|----------------------|-------------------------|
| <u>Travis Larson</u> | <u>10697 Avalon St.</u> |
| <u></u> | <u>Rampa, ID 83687</u> |
| <u></u> | <u></u> |

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Same

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Travis Larson

Printed Name: Travis Larson

Capacity/Title: Owner

Signature:

Printed Name:

Capacity/Title:

IDAHO SECRETARY OF STATE
03/21/2013 05:00
CK: CASH CT: 158010 BH: 1365775
1 @ 25.00 = 25.00 ASSUM NAME # 2

D161921