



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

02 FEB -4 AM 10:27

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Custom Towing & Recovery

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>James C. Willson</u> | <u>746 W. Cedar</u> |
| | <u>Pocatello, Idaho</u> |
| | <u>83201</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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$20.00 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:

Custom Towing & Recovery
P.O. Box 1049
Pocatello, Idaho 83204

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

Phone number (optional):

1-208-237-1959

Secretary of State use only

Signature: James C. Willson

Printed Name: James C. Willson

Capacity: owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
02/05/2002 05:00
CK: 7257 CT: 156790 BH: 444234
1 @ 20.00 = 20.00 ASSUM NAME # 2

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