

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

09 MAY 20 PH 3: 49

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:			n of	
Weils A	utomotive & Pa	aint	<u> </u>	
The true name(s) and business address business under the assumed business r	e(es) of the ename:			
Name		Complete Address		
Dave Wells	541	5 High Hope Ln. Nampa, ID. 8	3686	
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3. The general type of business transacted	i under the a	ssumed business name	(8:	
Retail Trade Transporta Wholesale Trade Construction	ition and Put	olic Utilities		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	e	Submit Certificate of Assumed Business Name and \$25.00 fee t	o:	
The name and address to which future correspondence should be addressed: Dave Wells		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080		
5415 High Hope Ln.	_	(208) 334-2301		
Nampa, ID. 83686			et 	
5. Name and address for this acknowledg	 jment		14 ₄	
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		Secretary of State use	enly	
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rinted Name: Dave Wells	Tomskabn forms			
Capacity/Title: Owner	orpytom Rev		ARY OF STATE	
(see instruction # 8 on back of form)	_ &	05/20/20 CK: CASH CT: 15	199 95 : 98 1818 3H: 1171329 66 ACCIM NAME # 1	