



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.

2004 JAN 22 AM 9:11

STATE OF IDAHO

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

4-SEASONS MOBILE LUBE & OIL

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

Name

Complete Address

Rockie STEWART

PHYSICAL - 252 LAZULI LANE, SAND POINT, ID. 83863

(MAILING - P.O. BOX 681)

PONDERAY, IDAHO 83852

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 | |

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

4-SEASONS MOBILE

LUBE & OIL

P.O. BOX 681, PONDERAY, IDAHO 83852

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

SAME AS ABOVE

Phone number (optional):

(208) 255-5498

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

Secretary of State use only

072360

IDAHO SECRETARY OF STATE

01/22/2004 05:00

CK: 2072 CT: 158010 BH: 723036

1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Rockie Stewart
(signature required)

Printed Name: Rockie STEWART

Capacity/Title: OWNER

(see instruction # 8 on back of form)