## TFICATE OF ASSUMED BUSINESS IN (Please type or print legibly. See instructions on reverse.) OF STATE STATE OF IDAHO The undersigned TARY of the unde CERTIFICATE OF ASSUMED BUSINESS N To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Ashton Texaco 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address 4MMe Marie 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_ correspondence should be addressed: shton Texaco Submit Certificate of % Lynne Marie Kalmer Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West

copy is (if other than # 4 above):

Secretary of State use only

Boise ID 83720-0080

PO Box 83720

208 334-2301

Signature: Aymumaire Capacity:

IDAHO SECRETARY OF STATE

(see instruction # 8 on back of form)

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