IFICATE OF ASSUMED BUSINESS IN (Please type or print legibly. See instructions on reverse.) OF STATE, STATE OF IDAHO Code the undersigned Ann. 32 CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: R & K LEASING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name RANDY HANSEN CHEVROLET, INC. 1654 BLUE LAKES BLVD NORTH P 0 BOX 5179 TWIN FALLS, IDAHO 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 Phone number (optional): 208 733 3033 4. The name and address to which future correspondence should be addressed: RANDY HANSEN CHEVROLET, INC. DBA Submit Certificate of Assumed Business R & K LEASING Name and \$20.00 fee to: P 0 BOX 5179 TWIN FALLS, IDAHO Secretary of State 83303-5179 700 West Jefferson Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only **IDAHO SECRETARY OF STATE** 07/08/1997 09:00 CK: 798 CT: 46792 KH: 19010

Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

1.829.00 = 29.80 ASSUM NAME

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