

Capacity/Title: \_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

Lake City	y Ford, Lincoln
The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u>	ame: Complete Address
Lake City Ford, Inc.	315 W. Clayton Avenue
-(C50633)	Coeur d'Alene, ID 83815
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3. The general type of business transacted in	under the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estat</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:      Thomas E. Addis, President	Secretary of State 450 North 4th Street PO Box 83720
315 Clayton Avenue	Boise ID 83720-0080 208 334-2301
Coeur d'Alene, ID 83815	
<ol> <li>Name and address for this acknowledgme copy is (if other than #4 above): Thornton Byron LLP PO Box 7156</li> </ol>	ent
Boise, ID 83707-1156	Secretary of State use only
signature: Early	
Printed Name: Thomas E. Addis	-
Capacity/Title: President	
Signature:	IDAHO SECRETARY OF STATE
ngrawe.	- 99/28/2010 05:0 CK: 48178 CT: 69572 BH: 12408

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