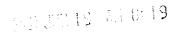


CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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 be	fore filing.	SE	
1. The assumed business name which the ubusiness is: Salinas Auto Sale		s) in the transact	ion of
2. The true name(s) and business address(e business under the assumed business name Name Salvador Salinas P.	ime: Cor 330 Mái n	or individual(s) do nplete Address St. GrandVier St. GrandVie	NID 83624
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction			
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	As	ubmit Certificate of ssumed Business ame and \$25.00 fee	e to:
4. The name and address to which future correspondence should be addressed: Salings Auto Sales PD. Box 162 Grandviw, ID 83624	70 Ba PC Bo	ecretary of State 10 West Jefferson asement West D Box 83720 bise ID 83720-0080 8 334-2301	
 Name and address for this acknowledgm copy is (if other than # 4 above). 	ent Pho	ne number (option 208) 599±26	
		Secretary of State u	se only
Signature: Salvador Salings	g/torplorms\abn forms\abn p65 Revised 04/2003	DII	2529
(see instruction # 8 on back of form)	giteorph		CRETARY OF STATE 2007 05:00 214535 BH: 1868828 25.88 ASSUN NAME # 2