FEB-22

2-2008 07:09A FROM:	TO:12083342080 P.1
	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus Please type or print legibly. NOTE: See instructions on reverse before	STATE OF IDAHO
1. The assumed business name which the unde business is: Select Auto	
2. The true name(s) and business address(es) of business under the assumed business name Name Jacobs & Grafe Enterprise Inc.	of the entity or individual(s) doing : Complete Address 508 E. Seltice Way Post Falls, ID. 83854
<ul> <li>3. The general type of business transacted und <ul> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agricutture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> </li> <li>4. The name and address to which future correspondence should be addressed: <ul> <li>Robert Jacobs</li> <li>619 W. 15th. St.</li> <li>Post Falls, ID. 83854</li> </ul> </li> <li>5. Name and address for this acknowledgme</li> </ul>	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgine copy is (if other than # 4 above): Signature:	Secretary of State use only           IDAHO SECRETARY OF STATE           Ø2/21/2008           CK: 1478249           CT: 172099           EX: 1478249