

Capacity/Title: OWNCR

Capacity/Title:

Signature: ______

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

12 APR 16 PM 2: 14

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: BIG BOYS AUto SAles 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address DAVID MILLER 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities X Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 908 CAIDWELL BLVD Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: MM/MWW Printed Name: David MilleR

IDAHO SECRETARY OF STATE

94/16/2012 95:00

CK: CASH CT: 158010 BH: 1320007

1 0 25.00 = 25.00 ASSUM NAME # 2

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