11 MAY -2 AM 9: 47



CERTIFICATE OF ASSUMED BUSINESS NAME

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

bly.

STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the undersign business is: West Coast Repart		
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Michael P. Ferrell 13	Complete Address	V
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		
4. The name and address to which future correspondence should be addressed: West Coast Refairts 1344 Tarra 54 Twin Falls ID 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Soomtons of State use only	
Signature: Michael fessell Printed Name: Michael f. Fessell Capacity/Title: Owner Signature: Michael f. fassel	Secretary of State use only	
Printed Name: Micha-It-Ferrell Canacity/Title: Our PD	IDAHO SECRETARY OF STATE 95/92/2011 95:90 CK: 1031 CT: 258335 BH: 1271719 1 @ 25.00 = 25.00 ASSUM NAME # 2	

abn.pmd Rev. 07/2010

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