

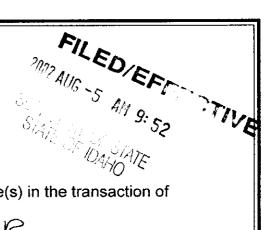
Capacity/Title: <u>Owner</u>

(see instruction #8 on back of form)

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. NOTE: See instructions on reverse before filing.



	J. O. 1
1. The assumed business name which the undersigned	· ·
business is: AUTO SHOW	OER_
CINDY WILLIAMS /4C 75	Complete Address BOX66 Kooskin INAIHO83539 BOX66 Kooskin IN 83539
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: COS COSTA TOAHO 83539	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-926-96 45
	Secretary of State use only
Signature: Vietor Williams 1000 11 1000 1000 1000 1000 1000 1000	IDAHO SECRETARY OF STATE 08/05/2002 05:00 CK: 139 CT: 162455 BH: 480837

IDAHO SECRETARY OF STATE

08/05/2002 05:00

CK: 139 CT: 162455 BH: 480837

8 28.00 = 20.00 ASSUM NAME # 2

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