

Capacity/Title: MANAGER

(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.

10 OCT -6 PM 2: 56

SECHLAR OF STATE
STATE OF DAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the unders	signed use(s) in the transaction of
business is:	la Escort Vehicle Service
The true name(s) and business address(es) of business under the assumed business name: Name	
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	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
Name and address for this acknowledgment COPY is (if other than # 4 above):	
- Copy is the man # 4 above).	
	Secretary of State use only
Signature: KATHARINE M PIKE	

IDAHO SECRETARY OF STATE
10/06/2008 05:00
CK: CASH CT: 158010 BH: 1139041
1 9 25.00 = 25.00 ASSUM NAME # 2

