

CERTIFICATE OF **ASSUMED BUSINESS NAME**

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

2006 JAN 24 PM 12: 04

SECRETATE OF WAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

owner

(see instruction # 8 on back of form)

Capacity/Title:

Boise Auto Sales	
The true name(s) and business address(es business under the assumed business nam	ne:
Name	Complete Address
(David) Mark Anderson	8590 W. Chinden Blvd., Boise, ID 83714
Nancy L. Anderson	8590 W. Chinden Blvd., Boise, ID 83714
3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Boise Auto Sales	Secretary of State 700 West Jefferson Basement West PO Box 83720
8590 W. Chinden Blvd.	Boise ID 83720-0080
Boise, ID 83714	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nent Phone number (optional): 375-2332
	Secretary of State use only
nature: David Mark Anderson	IDAHO SECRETARY OF STATE

CK: 1313 CT: 196275 BH: 933863 1 0 25.00 = 25.00 ASSUM NAME # 2

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