27		
(age)	CERTIFICATE OF	FILED EFFEU
	ASSUMED BUSINESS NAME	
	Pursuant to Section 53-504, Idaho Code, the undersigner submits for filing a certificate of Assumed Business Name	
	Please type or print legibly.	SECRETARY OF STATE STATE OF IDAHO
NOTE: See instructions on reverse before filing.		
	1. The assumed business name which the undersigned u business is: 	
	2. The true name(s) and <u>business</u> address(es) of the en business under the assumed business name: <u>Name</u> <u>HAHNMAN INC 501</u> <u>C 140615</u>	Complete Address
	 3. The general type of business transacted under the as Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Kining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TPAHO AUTO SALES AND FINANCE X660 CHINDEN RUD. MARDEN CITY, TD, 83714 5. Name and address for this acknowledgment copy is (if other than #4 above):	
F	<u>HAHNMAN INC.</u> <u>505 NO. ORCHARD</u> <u>Boiss ID. 83706</u> Signature: <u>More Meeman</u> (signature required) Printed Name: <u>LIOYD J. FREEMAN</u> Capacity/Title: <u>president</u> (see instruction # 8 on back of form)	Secretary of State use only DTDS(LY IDAHO SECRETARY OF STATE 02/06/2004 05:00 CK: CASH CT: 158010 BH: 726020 1 8 25.00 = 25.00 ASSUM NAME # 2