FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2013 APR 30 PM 3: 11

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

RC's Satellite	
2. The true name(s) and <u>business</u> additionable business under the assumed busine Name RC's Auto Credit LLC L) 110983	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> 363 2nd Ave S Twin Falls Id. 83301
	Submit Certificate of
4. The name and address to which future correspondence should be addressed RC's Satellite 363 2nd Ave S Twin Falls ID 83301	Ire Secretary of State
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
Signature: R/M/W/LW	Secretary of State use only
rinted Name: Bob McMillen	
apacity/Title: Owner	
ignature:	
Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 94/39/2913 95:96 CK: 1381949 CT: 17299 BH: 1371

9/21/2012

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1 9 25.00 = 25.00 ASSUM NAME # 2