



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 SEP 14 PM 2:16

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Ivan's Street Dreams Auto Sales

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Clemente Salinas

5023 Nez. Perce Caldwell, ID. 83607

✓ Corinna Flores

820 5th Ave No Nampa ID. 83687

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Clemente Salinas

5023 Nez Perce

Caldwell ID 83607

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208/919-029/cell

Secretary of State use only

Signature: Clemente Salinas
(signature required)

Printed Name: Clemente Salinas

Capacity/Title: Owner

(see instruction # 8 on back of form)

9-100 Information Form 10/2003
Revised 04/2003

IDAHO SECRETARY OF STATE
09/14/2005 05:00
CK: 6119 CT: 192283 BH: 911638
1 @ 25.00 = 25.00 ASSUM NAME # 2