	CERTIFICATE OF ASSUM (Please type or print legibly. S To the SECRETARY OF STATE, STATE)	MED BU See instructi	SINESS NAME OF THE SOLUTION SO
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.			
1.	The assumed business name which the unbusiness is: DAVE'S TOWING	dersigned u	se(s) in the transaction of
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name	Complete Address	
	DAVID C PETERSON	602 N.	PLUMMER Rd.
		Star	Ida 40 33669
3.	3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate		
	Services Construction	M	ining
4. The name and address to which future Phone number (optional): 200 correspondence should be addressed:			er (optional): <u>208-286-73</u> 81
	Sa. AN E		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		m 1/98	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	ire: Daris & Peterson	Revision 1/88	03/01/1999 09:00 CX: 3737 CT: 111761 BH: 192238 1 8 28.88 = 28.88 ASSUM MANE # 2

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Capacity:

(see instruction # 8 on back of form)

Printed Name: David a PETEVSON