CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on review.)

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the	undersigned
1.	The assumed business name which the und business is:	_	e(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		
	Carochery	3939	Lenni Potse IO 83705
3.	The general type of business transacted und (mark only those that apply)	der the assu	med business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ling
4.	The name and address to which future correspondence should be addressed:		
	3939 Lemhi Rosse IO 8	3705	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	!	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		1/88	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	ure: Caroll Wyath	Revision 1/88	11/09/1998 09:00 CK: CASH CT: 186548 BH: 168149
Printed Name: Casol L. Wyart 8			1 @ 20.00 = 20.00 ASSUM NAME # 2
Capacity:			019712