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 undersigned use(s) in the transaction of business is:  SMITH'S CAY STOVE  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  SMITH'S CAY STOVE  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  SMITH'S CAY STOVE  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  SMITH'S CAY STOVE  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  SMITH'S CAY STOVE  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  SMITH'S CAY STOVE  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  1. The assumed business is:  1. The assumed business name which the undersigned use(s) in the transaction of the business is:  1. The assumed business name which the undersigned use(s) in the transaction of the business is the business of the business name which is the business of the business name which is the business name whic	
The true name(s) and business address business under the assumed business not seem to the control of the c	ame is/are: <u>Complete Address</u>
Smith Chevrolet Co. Inc.	P.D. 130x 1896 Idaho Falls, 112 83403
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Phone number (optional):
Smith's Car Stores P.O. Box 1896	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
Joano Falls, ID 83403  5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE  ABA 15/2606 69:60
Signature: / / / / / / / / / / / / / / / / / / /	08/15/2000 09:00 CK: 185682 CT: 182843 BH: 341878 1 8 28.88 = 28.88 ASSUM MANE # 2
Printed Name: Stafford Smith	
Capacity: Pres. (see instruction # 8 on back of form)	9.000, 5 0.000, 5 0.0000, 5 0.000, 5 0.