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CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NA	ME
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	
Please type or print legibly. NOTE: See instructions on reverse before filing	SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersign business is: 	
Sexton Auto	Whole sale
2. The true name(s) and business address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address Complete Address
	LE Parch Drive Gook
VASION SEADON DI	83616
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Idaho Secretary of State
The name and address to which future correspondence should be addressed:	450 N 4th Street PO Box 83720
719 Cart Ranch day	Boise ID 83720-0080
Eleli Idahe 83616	(208) 334-2301
5. Name and address for this acknowledgment	
COpy is (f ather than #4 above):	
	Becelery of Clate use only
(
Simotomi bili bili	
Signature	
Printed Name: Brian A Sector	
Capacity/Title: <u><i>Olumi</i></u> (see instruction # 8 on back of form)	1048 3525167 051 09 07/10/2009 051 09 01 273016 CT: 17299 01 117639 18 25.08 = 25.08 ASUB WAE 8 2
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