

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

Hal Wright

President

(see instruction # 8 on back of form)

Printed Name: ___

Capacity/Title:

1. The assumed business name which the undersigned use(s) in the transaction of business is: **AUTO EXPRESS** 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 Wright Oil & Tire Co. 2251 North Holmes Avenue, Idaho Falls, ID 83401 (C-98912 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and \$20.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Hal Wright Boise ID 83720-0080 2251 North Holmes Avenue 208 334-2301 Idaho Falls, ID 83401 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): 208-523-6644 SCOTT P ESKELSON Secretary of State use only 425 S HOLMES, PO BOX 3189 IDAHO FALLS ID 83403-3189 Signature:_ siqnathamoviodited)

IDAHO SECRETARY OF STATE **98/19/2002 95:00** CX: 4679 CT: 139387 RH: 483451

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