

Printed Name: _ Ka

Capacity: Owner

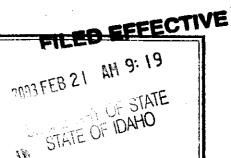
(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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.



business is: Nationale Fle	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Ron Golkunga 357	
3. The general type of business transacted under th Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
1. The name and address to which future correspondence should be addressed: Nationwile Fleet Sales Solution Lakes Blue N - Suite 13 Twin Fauls TO 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above): 	Phone number (optional): 208-735-1141
nature: Ran Folkun G	Secretary of State use only

IDAHO SECRETARY OF STATE **02/21/2003 05:00** CK: 248 CT: 158010 BH: 664327 1 0 20.00 = 20.00 ASSUM NAME # 2

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