CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on rever LED

To the SECRETARY OF STATE, STATE OF IDAHO Art 22 2 50 DU ...

2 12 2	Pursuant to Section 53-504, logives notice of adoption of an		
	The assumed business name which the undersigned use(s) in the transaction of		
	Automotive M	AINTENANO	re Alvertising
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			or individual(s) doing
	Name	Complete Address	
	Kevin Lacke	540 Central Canyon	
,		NAMPA	Idala 8365/
3 . 1	The general type of business transacted (mark only those that apply) Retail Trade Manufacture		med business name is:
4	Wholesale Trade Agriculture Services Construction	Fin	ance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): 208-46 correspondence should be addressed:			r (optional): 208-461-3898
	540 Central Conyon		Submit Certificate of
	540 Central Conyon Namer Idalio (365)		Assumed Business Name and \$20.00 fee to:
		b	Hame and \$20.00 fee to.
			Secretary of State 700 West Jefferson
5 .	Name and address for this acknowledgm	ent	Basement West
•	CODY IS (if other than # 4 above).		PO Box 83720
	same.		Boise ID 83720-0080 208 334-2301
		#.	200 334-2301
•		φ	INGO SECRETARY OF "STATE"
•		Revision 1/88	10/22/1999 09:00 CX: CASH CT: 122099 BH: 268344
Signatu	re: Jun Tolle	, ž	1 8 20.08 = 20.00 ASSUM NAME # 2
Printed Name: KEVIN Jacke			
Capacity: Owner 18			D 30299

(see instruction # 8 on back of form)