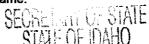


CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned NOV 18 AM 9: 16 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.



Capital Auto Loan	
business under the assumed bus	address(es) of the entity or individual(s) doing siness name:
<u>Name</u>	Complete Address
Capital Eleven Auto, LLC	439 E. Shore Drive STE 100 Eagle, ID 83616
(W131032)	44
3. The general type of business tran	nsacted under the assumed business name is:
_	sportation and Public Utilities
=	nstruction
☐ Services ☐ Agr	iculture
Manufacturing Min	ing Submit Certificate of Assumed Business
Finance, Insurance, and Re	eal Estate Name and \$25.00 fee to:
4. The name and address to which	future Secretary of State
correspondence should be addre	
439 E. Shore Drive STE 100	PO Box 83720
Eagle, ID 83616	Boise ID 83720-0080 208 334-2301
5. Name and address for this ackno	wledgment
COPY is (if other than # 4 above).	
	
11010	
2 = 2	Secretary of State use only
ignature	
rinted Name: Trans Hawles	
apacity/Title: MANACE	
ignature:	
rinted Name:	IDAHO SECRETARY OF STATE 11/18/2013 05 = 6 CK: 1052 CT: 275744 BH: 1398
capacity/Title:	1 9 25.00 = 25.00 ASSIM NOM

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