## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
The assumed business name which the unduliness is:	A. &
Mountain Mobile	e Parts : Supply Center
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Camilla Criswell 1	Complete Address POBM 38 Spirit hak ID 83869
	20 box 38 Spirit hake ID 83869 Po Box 38 Spirit hake ID 83869
3. The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade	g Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future correspondence should be addressed:	
Mountain Mobile	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Spirit hale ID 83869	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use goly IDANO SECRETARY OF STATE
signature: Willa Www.ll	89/26/1997 69:00 CK: 1863 CT: 87746 BH: 42863 1 2 28.80 = 28.68 ASSUM MANE
Printed Name: CAMILIA Criswell	0 8420
(see instruction # 8 on back of form)	0 8420