

Printed Name: ___ Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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A D	CERTIFICATE OF		-	10 10
	ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, tr submits for filing a certificate of Assumed B	ne undersign	= ded ne.	ON THE
	Please type or print legibly. Instructions are included on back of app	olication.		Contraction of the contraction o
The assumed business name which the undersigned use(s) in the transaction of business is:				
	Lost Ri	ver Honda		
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	Name		Complete Address	
Nathans Service Center, Inc.		217 N Front Street, Arco, ID 83213		
<u>C185507</u>		PO BOY 838		
3.	The general type of business transacted ungoing the services and Real Estate Transportation Transportation Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Publ		
4.	The name and address to which future correspondence should be addressed: Nathan Hjelm 217 N Front Street PO BOX 838 Arco, ID 83213		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	•	
Sians	ture: Nathan Ha		Secretary of State use only	N
_	d Name: Nathan Hjelm			
	city/Title: President			
Signature:				

abrupand Ray, 07/2010

IDAHO SECRETARY OF STATE

@9/11/2012 @5:200

CK: 3908 CT: 274128 BH: 1339253
1 @ 25.00 = 25.00 ASSUM NAME # 2