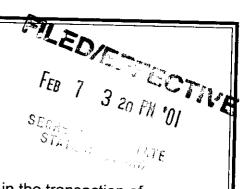


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## Please type or print legibly.



2. The true name(s) and <u>business</u> address(es) of the business under the second state of the second state	
Name  Name	Complete Address
/ / / / / / / 0 0 0 1	TN. Home ID 83647
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Resinge Automotive Consultants   Plant Form Finance   Plant Form Finance   Plant Finance   Pla	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only  IDAHO SECRETARY OF STATE
nature: Drw P. Berrer 1002/10 pes	62/67/2661 69:06 CK: CASH CT: 141959 BH: 377505
nted Name: DRW P. Benter 1988	1 € 20.00 = 20.00 ASSUM NAME # 2

Capacity: OWER MANAGER

(see instruction #8 on back of form)

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