Signature:

Printed Name:

(see instruction # 8 on back of form)

Capacity: ON Wa/

	CERTIFICATE OF ASSUME (Please type or print legibly. See	ED BU	JSINESS NAME ions on reverse.)	ı
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu	Code, th	ne undersigned	LED/EFFE
.1.	The assumed business name which the under business is: A Main Street Auto 21		59 💂	FFEC
2.	The true name(s) and business address(es) o business under the assumed business name i	f the enti is/are:	ity or individual(s) doing	TIVE
	James Federson	<u>Ca</u> 375_	omplete Address	<u>a</u>
3.	The general type of business transacted under (mark only those that apply)	r the ass	umed business name is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utili nance, Insurance, and Real ining	
	The name and address to which future Phon correspondence should be addressed:	e numbe	er (optional): \$28.4455	_
•	375 175W		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Barley 70 833/8		Secretary of State 700 West Jefferson	
	Name and address for this acknowledgment		Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
-	Buly 7 D 83378		Secretary of State use only	

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IDAHO SECRETARY OF STATE 27/19/2002 05:00 CK: 1325 CT: 158810 RH: 477982 1 8 28.08 = 20.08 ASSUM NAME # 2

DAdo20