CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2003 OCT 16 AM 8: 35

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

NOTE: See instructions of	
1. The assumed business name which the undersigned us business is: LEHINGER SALVAGE #	Rebuild
PHILLIP LEHINGER 21	Complete Address 515 N Village Blood athorny TEN 8388
3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities	
Retail Trade Transportation and Tubil Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/16/2003 05:00 CK: 18226 CT: 173638 BH: 786883 1 8 25.00 = 25.00 ASSUM NAME #