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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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 MAY -4 PM 2:09

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Auto Relocaters Wholesale Group

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Darrin Baldwin	685 Clarence Dr
Stephanie Baldwin	Idaho Falls Id 83402

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☑ Wholesale Trade
- ☐ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

4. The name and address to which future correspondence should be addressed:

445 Capital ave Suite 5B
Idaho Falls, Id 83402

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
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

685 Clarence Dr.
Idaho Falls Id 83402

Phone number (optional):

Secretary of State use only

Signature: [signature] (signature required)

Printed Name: Darrin Baldwin

Capacity/Title: Owner

(see instruction # 8 on back of form)

D99537

IDAHO SECRETARY OF STATE
05/04/2006 05:00
CK: 34576 CT: 158010 BH: 953021
1 @ 25.00 = 25.00 ASSUM NAME # 2