

Printed Name: Chap

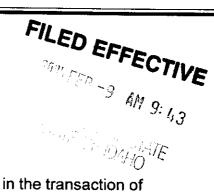
Capacity/Title: PARTNER

(see instruction # 8 on back of form)

## 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.



The assumed business name which the undersigned business is:	d use(s) in the transaction of
EASTERDAY Auto SALES	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Chacl D. Easterday 950 Phea  BRANDON Ho Easterday 706 E.	Complete Address  Sout cf. MT Home ID 83647
3. The general type of business transacted under the a  Retail Trade Transportation and Pub  Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Chacle D. EASTERD ay  950 Pheasant Ct.  MT. Homis TD 83647	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): 208 284-4459
Signature: <u>Chad Measterday</u>	Secretary of State use only

g voorpvorms vabon norms va Revised 04/2003

IDAHO SECRETARY OF STATE

02/10/2004 05:00

CK: 1194 CT: 158010 BH: 726520
1 0 25.00 = 25.00 ASSUM NAME # 2

D72917