

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name.

FILED/EFFECTIVE

NOV - 13 AM 9:02

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

Smith RV Adventure Center

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

Name (C 30337) Complete Address
Smith Chevrolet Co. Inc P.O. Box 1896
Idaho Falls, ID 83403

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

Smith RV Adventure Center
P.O. Box 1896
Idaho Falls, ID 83403

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/13/2000 09:00
 CK: 1079927 CT: 102043 BH: 360504

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 40436

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97

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