

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



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

98 JUN 22 AM 11

SECRETARY OF STATE

STATE OF IDAHO

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

Auto Plaza

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

Complete Address

Gayle J. Nelson

7596 W. Prince Boise

Raymond D. Kent

2432 Dorm Dr. Twin Falls

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



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional):

853-5440

1755 S Vista Ave

Boise ID 83705

Auto Plaza

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

06/22/1998 09:00
CK: 1541 CT: 100522 IN: 121723

1 @ 20.00 = 20.00 ASSUM NAME

DIV 080

Signature:

Gayle J. Nelson

Printed Name:

Gayle J. Nelson

Capacity:

Sec/Treas.

(see instruction # 8 on back of form)