

## 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.

09 NOV 18 PM 12: 54
SECRETARY OF STATE STATE OF IDAHO

Meineke	Car Care Center		
2. The true name(s) and business address business under the assumed business not some Name  DRM Ventures, LLC  (W87078)	ame: Co	· · · · · · · · · · · · · · · · · · ·	
. The general type of business transacted	under the assun	ned business name is:	_
Retail Trade Transportat  Wholesale Trade Construction	on and Public U n	tilities	
✓ Services	S	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
I. The name and address to which future correspondence should be addressed:  David H. Choate	4   P	daho Secretary of State 50 N 4th Street O Box 83720 Joise ID 83720-0080	
1203 W. Highland View Drive	-   (3	208) 334-2301	
Boise, ID 83702	_		
5. Name and address for this acknowledge Copy is (if other than # 4 above):	- ment		
		Secretary of State use only	<u></u>
nature: (signature required)	G'Comptormate forms to pool Revised 04/2003		
ted Name: David H. Choate	Fewiesd 04/2003	IDANO SECRETARY OF ST	ATE
pacity/Title: Managing Member	e loop	CK: 335710 CT: 172099 BH:	119
(see instruction # 8 on back of form)	<b>6</b>	1100011	1 10 10