



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
AUG 28 4 34 PM '00
 SECRETARY OF STATE OF IDAHO

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

Anderson Auto Care 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 | Complete Address |
|------------------------|---------------------------------|
| <u>Dwight Anderson</u> | <u>49 S 30th BOISE ID 83702</u> |
| _____ | _____ |
| _____ | _____ |

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

| | | |
|--|--|--|
| <input 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 checked="" 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): _____

49 S. 30
Anderson Auto Care Center
49 S. 30th BOISE ID. 83702

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

05/01/2000 09:00
 CK: 41222 CT: 126622 BH: 313619

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 35379

Signature: _____

Printed Name: Dwight Anderson

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/99

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