

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.

Joe Hall Nissan	
The true name(s) and business address(es business under the assumed business nam Name Hoff Ford, Inc. C36894) of the entity or individual(s) doing ne: Complete Address 1617 21st Street, Lewiston, Id. 8350
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Hoff Ford, Inc.	n and Public Utilities
	Name and \$25.00 fee to:
P.O. Box 606	208 334-2301
Lewiston, Id. 83501 5. Name and address for this acknowledgm copy is (if other than #4 above):	nent Phone number (optional): 208-746-2391

Printed Name: Stephen E. Cravens

Capacity/Title:

Secretary/Treasurer

(see instruction # 8 on back of form)

D81394

IDANO SECRETARY OF STATE

10/28/2004 05:00

CK: 41666 CT: 124648 BH: 773593
1 @ 25.00 = 25.00 ASSUM MANE # 3