

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name CT 14 AM 9: 53

Please type or print legibly.

NOTE: See instructions on reverse before filing. STATE OF IDAHO

NOTE: STORES	Olytic Ci (D) #10
The assumed business name which the under business is:	
SILVERLAKE AUTUM	LOTIVE
The true name(s) and <u>business</u> address(es) business under the assumed business name.) of the entity or individual(s) doing
<u>Name</u>	Compicioridatose
WILLIAM SANDO	274 W. HANCEY AVE
	Coeur d'Alere 10, 83815
3. The general type of business transacted und	nder the assumed business name is:
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Secretary of State
4. The name and address to which future correspondence should be addressed: SILVEKLAKE AUTUMOTIVE 374 W. HANCEY AVE Cocur d'Alene IV \$3815	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent Phone number (optional):
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 10/15/2003 05:00 CK: 2678 CT: 173611 BH: 786612 1 2 25.98 = 25.98 ASSUM NAME N 2