

CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business I all

Please type or print legibly.

NOTE: See instructions on reverse before	SECRETAL TALE STATE OF TEAHO
 The assumed business name which the un business is: 	ndersigned use(s) in the transaction of
IDAHO AUTO RECOVERY	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name MARJORIE J. MKINNEY	s) of the entity or individual(s) doing e: <u>Complete Address</u> <u>১৯৭০ w Wictory RD. Boise, TD 83</u> 70
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ### Auto Recovery ### Boise, ### ### ############################	Submit Certificate of Assumed Business
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-362-58/3
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: Mayorie & MKinney	05/07/2001 09:00 CK: CASH CT: 146845 BH: 395568
Printed Name: MARJORIE I. MCKINNEY	CK: CASH CT: 146045 BH: 395560 1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity: OWINER/OPERATOR	1 8 28.88 = 28.88 ASSUM NAME # 2
(see instruction # 8 on back of form)	