

Printed Name:

Capacity/Title:

Printed Name: 1

Capacity/Title:

Co-owner

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2014 SEP -5 AM II: 21 SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: E AUTO 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 ebecca Knapp Boise ID 83720-0080 208 334-2301 23616 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only 

IDAHO SECRETARY OF STATE 09/05/2014 05:00 CK:CASH CT:158010 BH:1440163

16 25.00 = 25.00 ASSUM NAME #2

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