

## 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.

03 NOV 14 PH 12: 38

SECRETARY OF STATE STATE OF IDAHO

D70674

## Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Kuna Auto	
2. The true name(s) and <u>business</u> address business under the assumed business name  Name  Timorhy B Sigler	s(es) of the entity or individual(s) doing name:  Complete Address  8969 Kiowa Dr Buise FDoise
3. The general type of business transacted  Retail Trade  Transportat  Wholesale Trade  Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business
4. The name and address to which future correspondence should be addressed:  Tim Sigli/ 8969 & iowa Dr Bucce Theho 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment Phone number (optional):  208-362-6360
	Secretary of State use only
nature: (signature perquired)  nted Name: Timoru B Sigle:  pacity/Title: Over C	IDAHO SECRETARY OF STATE  11/14/2003 05:00  CK: 3432 CT: 154819 BH: 711684  1 9 25.99 = 25.89 ASSUM MANE #