CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINES PANE See instructions on reverse.)
Pursuant to Section 53-504, Ida gives notice of adoption of an A 1. The assumed business name which the ur	sho Code, the undersigned State 8.4.
business is:  Allans Automotive	
<ol><li>The true name(s) and business address(es business under the assumed business nar</li></ol>	s) of the entity or individual(s) doing me is/are:
Michael Allan	Complete Address  211 W. 40th Boise ID83711
The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future Phone number (optional):  correspondence should be addressed:	
Allan's Automotive 211 W. 4044 Boise, IDato 83714	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Name and address for this acknowledgmen copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Mike Clour	IDAHO SECRETARY OF STATE
Printed Name: Mike Allan	12/05/2000 09:00 CK: 4963 CT: 139257 BH: 364789
Capacity: Owner	1 0 20.00 = 20.00 ASSUM NAME # 2

(see instruction # 8 on back of form)

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