12 APR 13 AM 9: 28



CERTIFICATE OF

ASSUMED BUSINESS NAME

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

SECRETARY OF STATE Please type or print legibly.

NOTE: See instructions on reverse before filing	• STATE OF	FICH
The assumed business name which the undersign business is:	ed use(s) in the transaction of	<u>.</u>
ALL HOURS AUTO REPAIR		_
2. The true name(s) and business address(es) of the business under the assumed business name: Name Kevin Michael Niner 435	Complete Address	D 83661
3. The general type of business transacted under the Retail Trade Transportation and Polymer Transportation		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: Kenin Niner	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
2007 1/2 N. Whitley Dr Fruitland ID 83619	(208) 334-2301	
 Name and address for this acknowledgment copy is (if other than # 4 above). 		
	Secretary of State use only	
<u> </u>		
Signature: 25 MAN		
Signature: 25/11/2 (signature reported) Printed Name: Kevin Michael Nine Capacity/Title: Owner		
Capacity/Title: Owner	IDAHO SECRETARY OF STAT 04/13/2012 05: 04/13/2012 05:	13/6
(see instruction # 8 on back of form)	CK: 19935158941 [1: 265277]; 1 @ 25.08 = 25.06 ASSUM)	IAME # 2

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