

## 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.

SEP 18 2 57 PH '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:  PRICE/ESS Automotive  2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address  Resert Arnold 12657 Memory Lu David Dambeck 24/6 Daisy PL  3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities
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  Robert Arnold  David Dembeck  24/6 Daisy PL  3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities
business under the assumed business name:  Name  Complete Address  Robert Arnold 12657 Memory Lu  David Dembeck 2416 Daisy PL  3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities
Retail Trade   12657   Memory LN   2416   DAISY PL.
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities
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Retail Trade Transportation and Public Utilities
Retail Trade Transportation and Public Utilities
Wholesale Trade Construction
Services Agriculture Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Assumed Business
Finance, Insurance, and Real Estate  Name and \$20.00 fee to:
4. The name and address to which future Secretary of State
Correspondence should be addressed: 700 West Jefferson  Basement West
*3923 E Summit NAMPA 53686 PO Box 83720
12657 MEMORY LX MANAGO 66 Boise ID 83720-0080 208 334-2301
24/6 DAISY PA. WAMPA 83686 208 334-2301
5. Name and address for this acknowledgment Phone number (optional):
copy is (if other than # 4 above): 465-2979
ROBERT ARNOLD
Arbit I delle Secretary of State use only
DAVID Dons BECK, 3
David Dombiek 30
Signature: TRANS CEPOETARY OF PLATE
Signature:  Printed Name:  DAVID Dom BECKETARY OF STATE  69/18/2001 05:00  CV: COSH CT: 151415 No. 100
DAVID DomBEC    Signature: