Signature:

Printed Name:

Capacity: OWNER

(see instruction # 8 on back of form)

## FILED/EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Pacific automotive and Fleet Service 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name 1615 7th AVE E. TWIN FALLS, ID 83301 ROBERT J 384 /2 Locust S. TWIN FALLS, ID 83301 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Services Construction 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: 1615 7Th AN E Secretary of State TWIN FALLS, ID- 83301 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2002 05:00
CK: 529175256 CT: 158010 BH: 575403
1 2 20.00 = 20.00 ASSUM NAME # 2

D58993