

## CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAR -2 MM 8-32

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the under business is:  Mobile Auto Dealer	
2. The true name(s) and business address(es) of business under the assumed business name.  Name  H.T. Grigg	
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  nature:  (signature purificity)  ted Name:  (Signature purificity)	Secretary of State use only  Secretary of State use only  Secretary of State use only  IDANO SECRETARY OF STATE  G3/92/2009 G5:19

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