

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 DEC 11 AM 10: 05

140.17. 000 1101111011101110111011101110111011	SECRETARY OF STATE
1. The assumed business name which the undersigned	d use(s) in the transactor of OF IDAGO
BELLEVUE DRIVING	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name William LENNON 304 /	entity or individual(s) doing Complete Address N. 3 B. Bellevae, TD. 83313
3. The general type of business transacted under the a	
 Wholesale Trade Construction Agriculture Manufacturing 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: WILLAM LENNON Boy 1031	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
BELIEVUE, T.D. 833/3 5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above).	208-788-9153
Signature: Wallam LENNON By Signature Brinted Name: Wallam LENNON By Signature By S	Secretary of State use only
Signature: (General Secretor) Printed Name: William ENNON	

IDAHO SECRETARY OF STATE
12/11/2006 05:00
CX: 1864 CT: 158018 BH: 1818728
1 0 25.88 = 25.88 ASSUM NAME # 2

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