## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

Pursuant to Section 53-504, Idaho Code, the undersigned

| 1.     | gives notice of adoption of an A  The assumed business name which the unbusiness is:  |               |  |
|--------|---|---------------|--|
|        | Ace Awto Sales  |               |  |
| 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  |               | Complete Address   |
|        | KERI BAllARD  | ۴             | OBCX 8514 BOIR ID 83707  |
|        | John Ballard  | 1~            | O Box 8514 Boise ID 83707  |
| 3.     | The general type of business transacted under the assumed business name is: (mark only those that apply)                        |               |  |
|        | Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction   | _             | <ul><li>Transportation and Public Utilities</li><li>Finance, Insurance, and Real Esta</li><li>Mining</li></ul>   |
| 4.     | The name and address to which future correspondence should be addressed:  |               |  |
|        | KERI BALLARD  |               | Submit Certificate of  |
|        | PO Box 8514   |               | Assumed Business Name and \$20.00 fee to:  |
|        | BOISE ID 83707  |               | · · · · · · · · · · · · · · · · · · ·  |
|        | 10000 1000  |               | Secretary of State 700 West Jefferson  |
| 5.     | Name and address for this acknowledgme  |               | Basement West  |
|        | COPY IS (if other than # 4 above):  |               | PO Box 83720<br>Boise ID 83720-0080  |
|        |   |               | 208 334-2301   |
|        |   |               | INANO SELECTARY OF STATE   |
|        |   | n 1/98        | 01/12/1999 Ag. pg  |
| ignatı | ura: Ken Ballon A   | Revision 1/98 | CK: 5816 CT: 189288 BH: 178163   |
|        |   |               | POSTER IN PROCESS IN P |
| intec  | Name: KERI BALLARO  | 8             | <i>D</i>   |

Capacity: Owner

(see instruction # 8 on back of form)