

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 OCT -8 AM 9: 27 STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the entity or individual(s) doing			
		business under the assumed business name:	
		Name	Complete Address
Sun Valley Chauffeur, LLC	P.O. Box 3784 Hailey ID 83333		
N 14566			
V / C			
The general type of business transacted under the	ne assumed business name is:		
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 \$25.00 fee to:		
	Secretary of State		
- 1706	· OCUCION OF ORDE		
••••••••••••••••••••••••••••••••••••••			
The name and address to which future correspondence should be addressed:	700 West Jefferson Basement West		
· · · · · · · · · · · · · · · · · · ·	700 West Jefferson Basement West PO Box 83720		
correspondence should be addressed:	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080		
correspondence should be addressed:	700 West Jefferson Basement West PO Box 83720		
correspondence should be addressed:	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
correspondence should be addressed: Sun Valley Chauffeur, LLC	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080		
•	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
Sun Valley Chauffeur, LLC  Sun Valley Chauffeur, LLC  Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):		
Sun Valley Chauffeur, LLC  Name and address for this acknowledgment	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):		

Signature:

| Capacity/Title: | Manager | Manager | Capacity/Title: | Manager | Capacity/Title: | Capa

Capacity/Title: Manager (see instruction # 8 on back of form)

IDANO SECRETARY OF STATE
10/08/2004 05:00
CK: 1552 CT: 158010 BH: 770241
1 0 25.00 = 25.00 ASSUM NAME # 2

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