

FILED EFFECTIVE

227



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.

2006 JAN 10 AM 8:09

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Hornet Auto Sales

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Dwight Jenkins

P.O. Box 218, Declo, ID 83323

Donna Jenkins

P.O. Box 218, Declo, ID 83323

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Hornet Auto Sales

P.O. Box 218

Declo, ID 83323

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-654-2277

Signature: _____

Dwight Jenkins
(Signature required)

Printed Name: _____

Dwight Jenkins

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\abn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/10/2006 05:00
CK: 698633 CT: 172899 BH: 931206
1 @ 25.00 = 25.00 ASSUM NAME # 2

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