FILED CFFECTIVE



Capacity/Title:

e: Whev (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.

10 JUN 24 PM 12: 30

SEUNETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigne	d use(s) in the transaction of
business is: SJC Automotive Service	t Repair
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Samuel Toel Cunningham Borse	entity or individual(s) doing Complete Address
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Samuel Joel Cunningham 3650 W Bush Count Boise IV 23703 5. Name and address for this acknowledgment copy is (if other than # 4 above):	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
	Secretary of State use only
Signature: In (una We (spinature required) Printed Name: Samuel Joel (unning ham)	1000 SECRETARY OF STATE

IDAHO SECRETARY OF STATE

06/24/2010 05:00

CK: 462873 CT: 172099 BH: 1226084
1 8 25.00 = 25.08 ASSUM NAME #