



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

## FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

LEGACY Auto Wholesale

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
<u>Kelly Jayce Howell</u>	<u>410 Memorial Drive suite 206</u>
	<u>IDAHO Falls, ID 83402</u>

3. The general type of business transacted under the assumed business name is (mark only those that apply)

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

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

Phone number (optional): 208 626 5323

LEGACY Auto Wholesale  
410 Memorial DR suite 206  
IDAHO Falls, IDAHO 83402

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

SAME AS ABOVE

Signature: \_\_\_\_\_

Printed Name: K. JAYCE HOWELL

Capacity: OWNER

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to

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

Secretary of State use only  
IDAHO SECRETARY OF STATE

11/08/1999 09:00  
CK: 1615 CT: 122720 BH: 264488

1 @ 20.00 = 20.00 ASSUM NAME # 2

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