Capacity/Title: 0000 R

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned NOV 17 PM 2: 12 submits for filing a certificate of Assumed Business Name 105 NOV 17 PM 2: 12

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the undersigned business is: 	ed use(s) in the transaction of
Son Valley Auto S	ales
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name O.D.D.C. de	Complete Address
	. Rox 542, NVall++, td 83353
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction	blic Utilities
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Lynn Scott NELSON P.O. Box 542 Sun Valley, Id, 83353	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): 208-622-6651
	Secretary of State use only
Signature: Signature required Line Scott Nelson Printed Name: Line Scott Nelson	
Printed Name: Lina Scott Nelson	

IDAHO SECRETARY OF STATE
11/17/2005 05:00
CK: NO CK # CT: 158010 BH: 922710
1 8 25.00 = 25.00 ASSUM NAME # 2

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