

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2005 FEB -9 AM 8: 56

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. STATE OF IDAHO

The assumed business name which the business is:	
Joe Hall Ford Lincoln Mercury I 2. The true name(s) and business address business under the assumed business n Name Hoff Ford, Inc. (C36894)	(es) of the entity or individual(s) doing
3. The general type of business transacted XX Retail Trade	on and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Hoff Ford, Inc. P.O. Box 606 Lewiston, Id. 83501	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than #4 above):	ment Phone number (optional):
	Secretary of State use only
Signature: Signature: Signature required) Printed Name: Stephen E. Cravens Capacity/Title: Secretary/Treasurer (see instruction # 8 on back of form)	Secure sound; duray of state (2/09/2005) 05:00