



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE
01 DEC 11 PM 2:15

SECRETARY OF STATE
STATE OF IDAHO

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

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

SHOWROOM CARS

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

Name

PHILIP E. OLIVER

Complete Address

1109 ALBENI HWY 2 PRIEST RIVER
IDAHO 83856

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

SHOWROOM CARS
1109 ALBENI HWY 2
PRIEST RIVER ID 83856

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

5. Name and address for this acknowledgment

Copy to (if other than # 4 above):

Phone number (optional):

208 448 0447

DEC 10 2001

STATE TAX COMMISSION
CLERK #18

Signature: Philip Oliver

Printed Name: PHILIP OLIVER

Capacity: Sole Owner

(see instruction # 8 on back of form)

g:\corporations\formstabn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
12/12/2001 05:00
CK: 4388 CT: 154513 BH: 433993
1 @ 20.00 = 20.00 ASSUM NAME # 2

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