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CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

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FILED EFFECTIVE

submits for filing a certificate of Assumed Busin	less Name.
Please type or print legibly. NOTE: See instructions on reverse before fi	SECRETARY OF STATE
1. The assumed business name which the unders business is: Capital Asset Rec	·
2. The true name(s) and business address(es) of business under the assumed business name: Name Pamela L. Garren	f the entity or individual(s) doing Complete Address
3: The general type of business transacted under Retail Trade Transportation ar Wholesale Trade Construction	nd Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Pamela L. Garren 2504 S. Bluegrass Driv Tamea Dd 83656	Submit Certificate of Assumed Business Name and \$25.00 fee to: idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	t
	Secretary of State use only
Signature: Printed Name: Pamela L. Barren Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE OB/26/2008 05:00 CK: 146240 CT: 172899 BH: 113316 1 0 25.00 = 25.00 ASSUM MANE
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