## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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 transacti business is: Classic Auto Supplies 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: **Complete Address** Name 819 GRANT STREET COVET, LABOR The general type of business transacted under the assumed business name is: MAILORDER CATALOG - AUTOMOTIVE FRITENERS Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade **Aariculture** Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 208-455-9292 4. The name and address to which future correspondence should be addressed: DOVE J. LABEAF Submit Certificate of 819 GRANT STREET **Assumed Business** Name and \$20.00 fee to: CALOWE 11, 1083605 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only INAMO SECRETARY OF STATE

Signature: Wall for Printed Name: <

Capacity: UWNER

(see instruction # 8 on back of form)

1 0 20.06 = 28.00 ASSUM NAME # 2

1)21200