

Printed Name: ____ Capacity/Title: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

ILFEB 18 AM 8 45

Please type or print legibly.
Instructions are included on back of application.

SECRET BY OF STATE STATE OF IDAHO

| The assumed business name which the under business is: Ouble D'S Motor | rsigned use(s) in the transaction of |
|--|---|
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Distin | • |
| 3. The general type of business transacted under Metail Trade Transportation and Wholesale Trade Construction Services Agriculture 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: DEATO DICKERS 605 5 Hury 95 5P 6 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | |
| | Secretary of State use only |
| Signature: | |
| Signature: | IDAHO SECRETARY OF STATE 02/18/2011 05:90 |
| Printed Name: | CK: 610849 CT: 172899 BH: 1268651 1 @ 25.00 = 25.80 ASSUM NAME # 2 |

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