CERTIFICATE	OF	FILED EFFECTIVE
ASSUMED BUSINESS NAME		
Pursuant to Section 53-504, Idaho Code, the undersigned		jned 05 mm 22 PM 2:05
submits for filing a certificate of Assumed Business Name. Please type or print legibly. STATE OF IDAHO		SECRE CARLE OF STATE STATE OF IDAHO
NOTE: See instructions on reverse before filing.		
1. The assumed business name which the undersigned use(s) in the transaction of business is:		
BELOW BOOK AUTO SALES		
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address		
MIKHAIL SHULIKOV	1789 F	TRATIBLAZER DR.
		OIAN, ID 83646
 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction 		
Services Agricult Manufacturing Finance, Insurance, and Real E	ture	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Same as about		(208) 334-2301
5. Name and address for this acknowle COPY is (if other than # 4 above):	edgment	
		Secretary of State use only
Signature: <u>Willan</u> (Signature: <u>Sunkov</u> (Signature required) Printed Name: <u>MIKHAIL SHULIKOV</u> Capacity/Title: <u>PRINCIPAL</u> OWNER	groonpriformatabru.p65	IDANO SECRETARY OF STATE 05/22/2009 05::00 CK: 247710 CT: 172099 DH: 1171665 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)		D130952