

## **CERTIFICATE OF**

	FILE
CERTIFICATE OF  ASSUMED BUSINESS NAM  Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business  Please type or print legibly.  NOTE: See instructions on reverse before filing	signed School State Stat
1. The assumed business name which the undersign business is:  Auto Construction Co	ed use(s) in the transaction of hon Company
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Jacob Larry Avila 96  Rex	entity or individual(s) doing  Complete Address  birch Ave  burg . ID 83440
. The general type of business transacted under the	assumed business name is:
<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Services</li> <li>□ Manufacturing</li> <li>□ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Jacob Avila  96 Birch Ave  Rexburg TD 83440	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 is (if other than #4 above):	Phone number (optional): (208) 757-9493
	Secretary of State use only
- Cood O J	

Signature: Printed Name: Capacity/Title: \(\O\V)\(\D\L)\(\D\L)\)

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 09/26/2005 05:00 CK: 148 CT: 158010 BH: 913527 P 25.00 = 25.00 ASSUM NAME # 2

91992