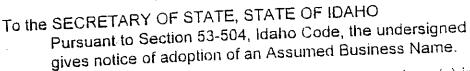
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)





1. The assumed business name which the undersigned use(s) in the transaction of TRANNIMAN TRANSMISSION & AUTO REPAIR & SALOVICE business is: 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 LAWRENCE S. COX 523 S. GARDEN ST. BOKE TO 8705 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Finance, Insurance, and Real Estate Retail Trade Agriculture Wholesale Trade Mining Construction Services 4. The name and address to which future correspondence should be addressed: Submit Certificate-of TRANNUMAN TRANSMILSSION Assumed Business Name and \$20.00 fee to: 25.0V Secretary of State GARDEN CITY, IdAHO 83714 700 West Jefferson

Signature: Sausence & Printed Name: / HVVPLNC6 Capacity: Owner (see instruction # 8 on back of form)

Name and address for this acknowledgment

CODY IS (if other than # 4 above):

Secretary of State use only

Boise ID 83720-0080

Basement West

PO Box 83720

208 334-2301

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IDAHO SECRETARY OF STATE CK: 9642 CT: 158010 BH: 734095 25.00 ASSUM NAME # 2