## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STAT  Pursuant to Section 53-504, Idah  gives notice of adoption of an As	o Code, the undersigned
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es) business under the assumed business nam <u>Name</u>	
	Dillon Anto Recycline, Inc. C137884	3326 Garrity Blrd., Nampa, Id. 83687
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
	Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future	
	Same as HZ	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only  IDAHO SECRETARY OF STATE
Signat	ure: She file '	IDAHO SECRETARY OF STATE  93/12/2001 09:00  CK: CASH CT: 143400 BH: 383960  1 8 28.80 = 28.80 ASSUM NAME # 2
Printed	Name: Edwin J. Salv;	
Capac	ity: Pres (see instruction # 8 on back of form)	D43423