CERTIFICATE OF ASSUMED BUSINESS N TFICATE OF ASSURIED DOGINES (Please type or print legibly. See instructions on reverse)

CERTIFICATE OF ASSUMED BU (Please type or print legibly. See instruction)	SINESS NAME
To the SECRETARY OF STATE, STATE OF IDAH Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Busi	e undersigned
1. The assumed business name which the undersigned unbusiness is: Rou's Auto SALES	se(s) in the transaction of
The true name(s) and business address(es) of the entity business under the assumed business name is/are:	
Ronald C. SCHWEGEL POB 2044 MARGIE JO SCHWEGEL POB 2044	
WAYNE L. CRUM (TNACTIVE) 2115 6th Add 3. The general type of business transacted under the assi	
(mark only those that apply)	ransportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Fi	nance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	er (optional):
LEWISTON, ID 83501-1465	Submit Certificate of Assumed Business Name and \$20.00 fee to:
LEWISTON, ID 83501-1465 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson
Copy is (if other than # 4 above):	Basement West PO Box 83720' Boise ID 83720-0080 208 334-2301
	Secretary of State use only

Signature:

Printed Name:

Capacity:

IDAHO SECRETARY OF STATE

82/17/2000 09:00

1 9 20.00 = 20.00 ASSUM NAME # 2

33130