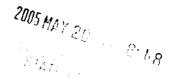


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.



Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

***	Auto Sales
The true name(s) and busines business under the assumed	s address(es) of the entity or individual(s) doing business name:
Name	Complete Address
TonyHoggarth	712 Main Ave S
	Twin Falls ID 83301
3. The general type of business	ransacted under the assumed business name is:
	ransportation and Public Utilities
Wholesale Trade Services	Construction Agriculture Submit Certificate of
Manufacturing	Mining Assumed Business
Finance, Insurance, an	Real Estate Name and \$25.00 fee to:
4. The name and address to wh	
correspondence should be ad	dressed: 700 West Jefferson Basement West
Tony Hoggarth	PO Box 83720
2521 E 3707 N	Boise ID 83720-0080 208 334-2301
Twin Falls ID 8330	
5. Name and address for this a	knowledgment Phone number (optional):
COPy is (if other than # 4 above):	208-735-5046
	Secretary of State use only
to the	IDAHO SECRETARY OF STATE ### ### ### ### ### ### ### ### ### #
gnature: (signatuf (quired)	1 forms
nted Name: Ony Hoggar	IDAHO SECRETARY OF STATE
pacity/Title: Owner	95/20/2005 05:0 05

CK: 408 CT: 158010 BH: 811546 1 8 25.00 = 25.00 ASSUM MAME # 2

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