

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

ASSU Pursuant to submits for Ple	DERTIFICATE O JMED BUSINES Section 53-504, Idaho Code, filing a certificate of Assumed ase type or print legibly, re included on back of a	S NAME the undersigned Business Name.
	siness name which the u	undersigned use(s) in the transaction of
National Chevrole	n e as sumed business na ame	es) of the entity or individual(s) doing ame: Complete Address 1900 E. Polston, Post Falls, Idaho 83854
Retail Trade Wholesale Services Manufacture	Transportation Trade Construction Agriculture	Submit Certificate of
	e 83814	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	ss for this acknowledgme	ent
Signature: Printed Name: Edward W Capacity/Title: Attorney	MAL. Kok	Secretary of State use only
Signature: Printed Name: Capacity/Title:		IDAHO SECRETARY OF STATE 23/25/2013 05:00 CK: 1334845 CT: 172099 BH: 1366231 1 0 25:00 = 25:00 ASSUM NAME # 2

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