

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAR -2 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SNAKE RIVER AUTO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

ADOLFO JAMES ACHABAL, JR

PO BOX 450 HAGERMAN, ID 83332

FILIP KYLE JAMES ACHABAL

PO BOX 450 HAGERMAN, ID 83332

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

PO BOX 450 HAGERMAN, ID 83332

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

CHRISTINE DAVIS

2726 S 850 E

HAGERMAN, ID 83332

Signature: _____

(signature required)

Printed Name: ADOLFO JAMES ACHABAL, JR

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corptforms\idn form\stahn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/02/2010 05:00
CK: 6761 CT: 232527 BH: 1210426
1 @ 25.00 = 25.00 ASSUM NAME # 2

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