

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 OCT 13 AM 10: 26

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

twin falls	auto wholes	ale
The true name(s) and business address(business under the assumed business name Name James Alan Daniels	ame:	entity or individual(s) doing Complete Address Ils Avenue, East, Twin Falls, Idaho 83301
3. The general type of business transacted		
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: 1908 Falls Avenue, East, Twin Falls, Idaho 83301	en te	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	- ment	Phone number (optional):
Legalzoom.com, Inc. c/o Karmelia Frederick 7083 Hollywood Blvd. Suite 180 Los Angeles CA 40028	- w.p66	Secretary of State use only
Signature: (signature required) Printed Name: James Alan Daniels Capacity/Title: Owner (see instruction # 8 on back of form)	g:toorplformstabn formstabn.p86 Revised 04/2003	IDAHO SECRETARY OF STATE 10/14/2009 05:00 CK: 379800 CT: 167623 BH: 119096 1 0 25.00 = 25.00 ASSUM NAME II