



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.

FILED EFFECTIVE

2007 JUL 23 PM 1:03
SECRETARY OF STATE
STATE OF IDAHO

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

WACKERLI Auto Center

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

Name

B.A. WACKERLI CO.
C24074

Complete Address

P.O. Box 50857 IDAHO FALLS
ID. 83405

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

B.A. WACKERLI CO. INC.
P.O. Box 50857
IDAHO FALLS ID 83405

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 acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: John L. Kennard
(signature required)

Printed Name: JOHN L. KENNARD

Capacity/Title: GENERAL MANAGER
(see instruction # 8 on back of form)

9:00pm forms labn forms labn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
07/23/2007 05:00
CK: 70218 CT: 178426 BH: 1067047
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 113522