

227
FILED EFFECTIVE
2004 NOV - 1 AM 9:49CERTIFICATE OF
ASSUMED BUSINESS NAMEPursuant 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.

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

AUTO GALLERY

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

Name
ORVILLE MAPES
CATHY MAPES

Complete Address
305 SHOSHONE ST, TWIN FALLS, ID. 83301

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

ORVILLE MAPES
177 BUCHANAN ST.
TWIN FALLS, ID. 83301

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):

N/A

Phone number (optional):

735-9616

Secretary of State use only

Signature: Orville Mapes

(Signature required)

Printed Name: ORVILLE MAPESCapacity/Title: OWNER

(see instruction # 8 on back of form)

11/01/2004 05:00
CK: 110110031778KAH CT: 172099 BH: 774102
1 e 25.00 = 25.00 ASSUM NAME # 2

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