

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 FEB 13 AM 8: 43

| | | | | | TOIGITO 10 H | ा ७ ५३ | |
|-------------------------|--|---|-----|---|----------------------------|-------------|--|
| 1. | The assumed business name which the undersigned use(s) in the transaction of business STATE OF IDAHO Rob Green Nissan Hyundai | | | | | | |
| | | | | | | | |
| | 700 0.0011110001111701100 | | | | | | |
| | | | | | | | |
| 2. | The individual and/or entity names and business address(es) of those doing business under | | | | | | |
| | the assumed business name (do <u>not</u> include the name you listed in #1): | | | | | | |
| | Rob Green Nissan, LLC | PO Box 5699, Twin Falls, ID 83303 いよ039ラー | | | | | |
| | (Name) | PO Box 5699, Twin Falls, ID 83303 W20392 (Address) PO Box 5699 Twin Falls, ID 83303 W20394 | | | | | |
| | Rob Green Hyundai, LLC | | | | | | |
| | (Name) | (Address) | | | | | |
| | Rob Green Hollings, LLC PO Bex 5699, Twinfalls ID 8583 | | | | | | |
| | (Name) | (Address) | | • | | | |
| | (Name) | (Address) | | | | | |
| | (Name) | (Mudicos) | | | | | |
| | | | | | | | |
| 3. | The general type of business transacted under the assumed business name is: | | | | | | |
| | 🔀 Retail Trade | Construction | | ☐ Transp | ortation and Public U | Itilities | |
| | ☐ Wholesale Trade ☐ Agriculture ☐ Mining | | | | | | |
| | ☐ Services ☐ Manufacturing ☐ Finance, Insurance, and Real Estate | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | Mailing address for future co | Name and address for this acknowledgment | | | | | |
| | COPY is (if other than # 4): | | | | | | |
| | Rob Green Nissan Hyundai | | | (Name) | | | |
| | (Name) (Name) P O Box 5699 | | | | | | |
| | (Address) | | | (Address) | | | |
| | Twin Falls, ID 83303 | | | | | | |
| | (City) (St | ate) (Zipcode) | | (City) | (State) | (Zipcode) | |
| | | | | | | | |
| Printed Name: Rob Green | | | | Se | ecretary of State use only | | |
| | William | | | | | | |
| Sig | gnature: | | | ID | AHO SECRETARY OF STA | TE | |
| Printed Name: | | | | 02/13/2018 05:00 CK:5048593 CT:164082 BH:1626729 16 25:00 = 25:00 ASSUM NAME #2 | | | |
| Times Hame. | | | - } | | | | |
| Signature: | | | | 16 25.0 | u = 25.00 ASSUM | NAME #2 | |
| D~: | inted Nome: | | | T | 7700200 | 1 | |
| r-[1] | inted Name: | | | (L | AUU USY | | |

Rev. 08/2015