CERTIFICATE OF ASSUMED BUSINESS NAME (Bloase type or print legibly. See instructions on reverse.) (Staffant Or Assumed Business NAME (Bloase type or print legibly. See instructions on reverse.) RTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) STATE OF IDAHO gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of 1. business is: **AUTO PRIDE** The true name(s) and business address(es) of the entity or individual(s) doing business 2. under the assumed business name is/are: Complete Address Name 1427 Blue Lakes Blvd. North Westland Motor Co., Inc. Twin Falls, ID 83301 The general type of business transacted under the assumed business name is: 3. (mark only those that apply) [] Manufacturing [] Transportation and Public Utilities [] Retail Trade [] Finance, insurance, and Real Estate [] Wholesale Trade [] Agriculture [] Construction [x] Services [] Mining The name and address to which future Phone number (optional): ____ 4. correspondence should be addressed: Gary's Westland Motor Co. P.O. Box 6099 Submit Certificate of Twin Falls, 1D 83303-6099 Assumed Business Name and \$20.00 fee to: 5. Name and address for this acknowledgement CODV is (if other than #4 above): Secretary of State 700 West Jefferson J. Walter Sinclair Basement West Benoit, Alexander, Sinclair, PO Box 83720 Harwood & High Boise ID 83720-0080 P.O. Box 366 208 33 MANUS SECRETARY OF STATE Twin Falls, ID 8330346366 82/82/1999 09:00 CK: 18000 CT: 2853 DH: 184189 Signature:

Printed Name: Garv Storrer

President Capacity:

(see instruction #8 on back of form)

D 22743