

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	PART OF DAYOUT
1. The assumed business name which the undersigned	use(s) in the transaction of
business is: MOUNTAIN VIEW MOTORS	7
The true name(s) and <u>business</u> address(es) of the element business under the assumed business name: <u>Name</u>	ntity or individual(s) doing <u>Complete Address</u>
CRAIG T. JACOBS 508B	E.SELTICE WAY POSTFAUG ID. 83854
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): ### ### ### ### ### ################
	Secretary of State use only
Signature: Signature: Signature required Printed Name: CRAIG JANDBS Capacity/Title: OWNER BEVERAL MANAGER	IDAHO SECRETARY OF STATE 09/11/2002 05:00 CK: 33389 CT: 158010 BH: 487458 1 0 20.00 = 20.00 ASSUM MANE 1 2

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