227	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the under	ersigned AMID: 03
submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. SECRLINEY OF STATE STATE OF IDAHO	
NOTE: See instructions on reverse before filing.	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Capital One Auto Finance	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 	
Capital One, National Association 1680 C/88390	Capital One Drive, McLean, VA 22102
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 Submit Certificate of Assumed Business Name and \$25.00 fee to: 4. The name and address to which future correspondence should be addressed: Governance Office Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 1680 Capital One Drive McLean, VA 22102 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:	
Printed Name: Amy D. Cook	IDAHO SECRETARY OF STATE
Capacity/Title: Assistant Secretary	09/07/2010 05:00 CK: 100856539 CT: 74104 BH: 1237A01
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM NAME # 2
	D141919

1 1

. . .