



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

08 MAR -6 AM 11:45

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

LARA'S AUTO SALES

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

Name

Complete Address

JANIE LARA

5005 HWY 20-26 CALDWELL, ID 83605

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

LARA'S AUTO SALES

5005 HWY - 20-26

CALDWELL, ID 83605

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(208) 250-7356

Signature: _____

Janie Lara
(signature required)

Printed Name: _____

Janie Lara

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\comstat\form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/06/2008 05:00
CK: CASH CT: 158010 BH: 1103136
1 @ 25.00 = 25.00 ASSUM NAME # 2

D119732