CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAMONTAR 30 PH 2: 33



1.	gives notice of adoption of an Assumed Business The assumed business name which the undersigned business is: FACCS AUTO BODY	AIC UF IDANU
2.	The true name(s) and business address(es) of the obusiness under the assumed business name is/are:	entity or individual(s) doing Complete Address SEORGIA LN: 10.FALCS 83406
3.	The general type of business transacted under the a (mark only those that apply) Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
5 .	The name and address to which future correspondence should be addressed: FALLS AUTO BODY 3565 Georgia Ln. IDAHO FALLS, IDAHO 83406 (208) 529-4424 Name and address for this acknowledgment copy is (if other than # 4 above):	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
	257.26	1960 SEE 1861 SEE 187 187 187 187 187 187 187 187 187 187

Signature: John L. Sheppard
Printed Name: John L. Sheppard

Capacity:__

(see instruction # 8 on back of form)

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