## FILED/EFFECTIVE

| CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)                                                       |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. |                                                                 |
| The assumed business name which the undersigned use(s) in the transaction of business is:      A A A A A A A A A A A A A A A A A                        |                                                                 |
| Hailey Transmission and Auto Service                                                                                                                    |                                                                 |
| <ol><li>The true name(s) and business address(es) of the entity or individual(s) doing<br/>business under the assumed business name is/are:</li></ol>   |                                                                 |
| Name Transhir Hailer                                                                                                                                    | Complete Address  Dand Ave So Nama, ID 83651                    |
| Stephanie Hailey 10.                                                                                                                                    | 8 22 nd Are so Marya TD 83651                                   |
| The general type of business transacted under the assumed business name is:     (mark only those that apply)                                            |                                                                 |
| Retail Trade                                                                                                                                            |                                                                 |
| 4. The name and address to which future correspondence should be addressed:                                                                             |                                                                 |
| Hailey Transmission and<br>Auto Service                                                                                                                 | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| <ul> <li>420 C Calduell Blvd. Nampa, ±1)</li> <li>5. Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ul>             | Secretary of, State 700 West Jefferson                          |
|                                                                                                                                                         | 02/29/2000 99 90<br>CK: 331 CT! 12744 141 294178                |
| Signature Styphanse Jackey                                                                                                                              | 1 8 28.88 = 20.80 ASSUM HAME # 2                                |
| Printed Name: Stephanie Hailey                                                                                                                          | <b>8</b>                                                        |
| Capacity: Marzages (see Instruction # 8 on back of form)                                                                                                | g.karpYomslatin p65                                             |