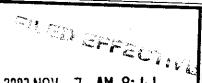


Printed Name: Alher 1

Capacity/Title: OW Ner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



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

2003 NOV -7

Please type or print legibly. NOTE: See instructions on reverse before filing.

SLUMBART OF STATE

an a solot pelote life	ing. Submittahi Un SIAIE
1. The provinced by	STATE OF ID AHO
 The assumed business name which the undersi business is: 	gned use(s) in the transaction of
AAR Tire Spenice	
MYN line Dervice	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Albert L. York Sr. 358 Russell F. Rose 80	he entity or individual(s) doing Complete Address 4
The general type of business transacted under the contract that the contract the contract that th	ne assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	
, ignoulate	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	
correspondence should be addressed:	Secretary of State
A R TIR Service	700 West Jefferson
2795 NWV 30S	Basement West PO Box 83720
New Physouth, In	Boise ID 83720-0080
V20 F F	208 334-2301
83655	200 004 2007
5. Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	· ·
AAR Tire Service	278-3736
3584 HWY305	Secretary of Control
New Plymouth, Id 83655	Secretary of State use only
gnature: Albert Lynk In.	

IDAHO SECRETARY OF STATE

11/07/2003 05:00

CK: NO CHECK NUMBER CT: 158010 BH: 710517

1 8 25.00 = 25.00 ASSUM NAME # 2