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	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned TATE OF TO ALLE OF TO	
The assumed business name which the undersigned use(s) in the transaction of business is:	
A-I Wheels of TOAHO	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name(s) are:	
<u>Name</u>	Complete Address (wailing address)
Jeff Gilliam	362 KOA, ROWN
pus: 4598 Air base Rd	KIN. HOME, ID 83647
HTN. HOME, TD 83647 3. 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 Phone number (optional) 208 587 2765 correspondence should be addressed:	
(mailing address)	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above): Summe is Albrece	Secretary of State 700 West Jefferson nt Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	I Sens-Secret Anner-orately
1000000	\$ 94/93/1998 99:00 \$ CK: 1409 CT: 96826 BH: 97687
Signature: July P. Gillian	1 8 20.00 = 20.00 ASSUM NAME
Printed Name: 1 eft R.G. Wiam	D 13675
(see instruction # 8 on back of form)	a confidence of