

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 NOV 10 101 9:00

STATE OF BAHO

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

The assumed business name which the und business is:	dersigned use(s) in the transaction of
all Tune and Lube	
The true name(s) and business address(es) business under the assumed business name Name	e:
TimThoman	Complete Address
Rhonda E. Thoman	1300 Ambut Pate \$301
3 CV C I I C May	1196 waddison Twin falls
	1/022
The general type of business transacted und	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	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 700 West Jefferson
all Time and hugge	Basement West
1300 Kimberly Ste 14	PO Box 83720
Twin falls, Idaho 83301	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above): 	t Phone number (optional):
	Secretary of State use only
Signature: (Signature required)	IDAHO SECRETARY OF STATE 11/10/2004 05:00 CK: 9854615 CT: 158818 BH: 775498
Printed Name: Khonda & Thoman	IDANO SECRETARY OF STATE 11/19/2094 95-99
Capacity/Title: Owner Open to	11/18/2004 05:00 CK: 9854615 CT: 158818 BH: 775898

(see instruction # 8 on back of form)

CK: 9854615 CT: 158818 BH: 775898 1 9 25.98 = 25.08 ASSUM NAME # 2

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