



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12/13/10 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

PAPA ED'S PRO-AUTO-CARE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

WILSON ENTERPRISES MERIDIAN INC,

3351 S. PEORIA WAY MERIDIAN ID. 83642

C140775

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

3351 S. PEORIA WAY MERIDIAN ID.

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Eddie Wilson

Printed Name: EDDIE WILSON

Capacity/Title: OWNER

Signature: Eddie Wilson

Printed Name: EDDIE WILSON

Capacity/Title: OWNER

IDAHO SECRETARY OF STATE
04/10/2012 05:00
CK: 16958 CT: 269132 BH: 1319155
1 @ 25.00 = 25.00 ASSUM NAME # 2

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