



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

2005 OCT -5 PM 12:30

RECEIVED
STATE OF IDAHO
S E C R E T A R Y

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Wheels

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

Name

Teara Larson

Complete Address

3715 N. 2544 E. Twin Falls, ID 83301

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

Wheels

165 Eastland Dr.

Twin Falls, ID 83301

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Teara Larson

3715 N. 2544 E.

Twin Falls, ID 83301

Phone number (optional):

734-0238

Secretary of State use only

Signature: Teara Larson

(signature required)

Printed Name: Teara K. Larson

Capacity/Title: Owner

(see instruction # 8 on back of form)