Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR -3 AM 10: 04

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: National Tire Wholesale		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):		
	Carroll's, LLC	4300 TBC Way Palm Beach Gardens, FL 33410 (Address)	
	(Name) (W199724)	(Address)	•
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	☐ Retail Trade☒ Wholesale Trade☐ Services	Construction Agriculture Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future co	orrespondence:	 Name and address for this acknowledgment copy is (if other than #4).
	LeeAnn Williford		
	(Name) 4300 TBC Way		(Name)
	(Address)		(Address)
	Palm Beach Gardens FL (Signal)	33410 (Zipcode)	(City) (State) (Zipcode)
Printed Name: LeeAnn Williford			Secretary of State use only
Si	gnature:	000	
Printed Name:			1DAHO SECRETARY OF STATE 04/03/2018 05:00
Signature:			CK:17254804 CT:172033 BH:1636011 10 25.00 = 25.00 ASSUM NAME #2
Pi	rinted Name:		to a stratte
Cianoturo:			D 201646

Rev. 08/2015