



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 SEP 18 PM 12: 15

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:

CHINDEN TIRE AND AUTO REPAIR

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
<u>FREEMAN Auto Companies inc.</u>	<u>3660 CHINDEN BLVD.</u>
<u>C/81415</u>	<u>GARDEN CITY ID</u>
	<u>83714</u>

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:

CHINDEN TIRE AND AUTO REPAIR
3660 CHINDEN BLVD.
GARDEN CITY ID. 83714

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

Signature: Lloyd J Freeman

Printed Name: LLOYD J FREEMAN

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

IDAHO SECRETARY OF STATE
09/18/2013 05:00
CK: 3672 CT: 287672 BH: 1390515
1 @ 25.00 = 25.00 ASSUM NAME # 2

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