



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

09 MAY 22 PM 12: 39

SECRETARY OF STATE
STATE OF IDAHO

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:

Auto Solutions Fit Products

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>Dennis Teachout</u>	<u>2136 S. Millerway Nampa, Idaho</u>
<u>CHRISTINE Teachout</u>	<u>" " "</u>

83686

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

<input 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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate	

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

CHRISTINE Teachout

2136 S. Millerway
Nampa, Id 83686

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

Dennis Teachout
2136 S. Millerway
Nampa, Idaho

Signature:

(Signature required)

Printed Name: Dennis Teachout

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
05/22/2009 05:00
CH: CASH CT: 158018 BH: 1171654
1 @ 25.00 = 25.00 ASSUM NAME # 2

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