CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) OF STATE, STATE OF IDAHO The undersigned

	gives notice of adoption of an Assumed Business Name.				
1.	The assumed business name which the business is:	und	d€	ersigned use	
	A-1 Tubes and Hoses				
2.	The true name(s) and business address(business under the assumed business name	•		is/are:	or individual(s) doing
	Michael R. Perez	5.5	50	N Utah	Ave, Idaho Falls, ID 8340
	Ronnie R. Butler	Sa	an	ne	
3.	The general type of business transacted (mark only those that apply)	un	d	er the assur	med business name is:
	Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	•	J		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):			
	A-1 Transmission & Auto Repair	r		l	Submit Certificate of
	540 North Utah Avenue				Assumed Business Name and \$20.00 fee to:
	Idaho Falls, ID 83402				Secretary of State
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ieni	t		700 West Jefferson Basement West PO Box 83720/// Boise ID 83720-0080 208 334-2301
			200	3	Secretary of State use only IDAHO SECRETARY OF STATE
noti	Iro: Mila of Person		Revision 12/99	C	62/15/2666 69:06 X: 3894 CT: 126737 BH: 290331

Signature: //www. Printed Name: Michael R.

Capacity: President

(see instruction # 8 on back of form)

1 8 26.00 = 20.00 ASSUM NAME # 2

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