CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) May 7 11 20 16 159 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Superior Aulo Sa	les coste	
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name Cor	mplete Address S. Morrow Rd	
	Doud Michno Boise ID 83709		
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Wholesale Trade ☐ Agriculture ☐ Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	. The name and address to which future Phone number (optional): 362-1349 correspondence should be addressed:		
	SOUSE ID 83709	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	80 mg	Secretary of State use only IDAHO SECRETARY OF STATE 05/07/1999 A9:00	

Signature: /

Printed Name:

Capacity!

(see instruction # 8 on back of form)

CK: none CT: 115232 BH: 214828

1 8 20.00 = 20.00 ASSUM NAME # 2

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