



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Mahan Co., the undersigned, AM 9:15
gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned uses in the transaction of
business is: **STATE OF IDAHO**

Tom's Lube & Auto Repair

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Thomas W Jacobs

Complete Address
410 N.C. P.O. Box 296
Grangeville, ID 83530

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade Manufacturing Transportation and Public Utilities
 Wholesale Trade Agriculture Finance, Insurance, and Real Estate
 Services Construction Mining

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

Tom's Lube + Auto Repair

P.O. Box 296

Grangeville, ID 83530

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208.334.2301

Secretary of State use only

Signatures

Printed Name: Tom Jacobs

Capacity: Owner

(see Instruction # 8 on back of form)

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ID. SECRETARY OF STATE
07/25/2003 05:00
CK: 126 CT: 150010 BH: 693186
1 @ 25.00 = 25.00 ASSUM NAME # 2

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