FILED EFFECTIVE



CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

AM IO: 36 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF DAPO

| Tour | ce of Ontario | | |
|---|--|--|-------------|
| 2. The true name(s) and business address business under the assumed business n | es) of the en ame: | tity or individual(s) doing | |
| Name | | Complete Address | |
| Ford's Service Center, Inc. | | 4770 Adams Road | |
| | | P.O. Box 73 8 | |
| | | New Plymouth, ID 83655 | |
| i\ctall flade ' | ion and Publ | | er √y |
| ✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | | Submit Certificate of Assumed Business Name and \$25.00 fee to: | |
| The name and address to which future correspondence should be addressed: | | Secretary of State 700 West Jefferson Basement West | |
| Eugene C. Hinson | _ | PO Box 83720 | |
| P.O. Box 73 8 | _ | Boise ID 83720-0080 208 334-2301 | |
| New Plymouth, ID 83655 | | 200 334-2301 | |
| Name and address for this acknowledge copy is (if other than # 4 above); | ment | Phone number (optional): | |
| | _ | Secretary of State use only | |
| | g/borptformstabn formstabn.p65 Revised 04/2003 | | |
| gnature: 4 (signature required) | toms 72003 | | |
| inted Name: Eugene C. Hinson | formstabn form | | |
| | 1.5.2 | IDAHO SECRETARY O | C CTATE |

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