

FILED EFFECTIVE

# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 JUL -9 AM 8:50

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:

*Arny's tires*

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

Name *Arnulfo Garcia*

Complete Address

*1158 Greenwood  
820shone ID 83352*

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

☒ Retail Trade

Transportation and Public Utilities

Wholesale Trade

Construction

☒ Services

Agriculture

Manufacturing

Mining

Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

*Arnulfo Garcia  
PO Box 4321  
Hailey ID 83333*

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

*(208) 450 9635*

Secretary of State use only

Signature:

*Arnulfo Garcia*  
(signature required)

Printed Name:

*Arnulfo Garcia*

Capacity/Title:

*owner*

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
07/09/2008 05:00  
CK: 1072 CT: 227679 BH: 1126234  
1 @ 25.00 = 25.00 ASSUM NAME # 2

*D123192*