



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

MAR -3 AM 10:35

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

H & S CYCLE LUBE

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

Name

Complete Address

JACK C. HARP

521 E. 3RD ST. MERIDIAN, ID 83642

GERALD J. STEELE

521 E. 3RD ST. MERIDIAN, ID 83642

JEFFREY A. STEELE

521 E. 3RD ST. MERIDIAN, ID 83642

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

H&S CYCLE LUBE

521 E. 3RD ST.

MERIDIAN, ID 83642

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

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):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: ~~JACK C. HARP~~ Gerald Steele

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

g:\corp\forms\labn_forms\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/03/2004 05:00
CK: CASH CT: 150010 BH: 730630
1 @ 25.00 = 25.00 ASSUM NAME # 2

D73736