

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

~-09-DEC - 1 PH 12: 15

SEUDETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the u business is: 	undersigned use(s) in the transaction of
PERFEC	CTION TIRE #23
2. The true name(s) and business address(e business under the assumed business na Name PERFECTION TIRE NO 8 INC	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted t	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: PERFECTION TIRE #23 330 MAIN ST OROFINO, ID 83544	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledge copy is (if other than #4 above): PERFECTION TIRE	 ment
4825 N GOVERNMENT WAY	Secretary of State use only
COEUR D'ALENE, ID-83644	IDAHO SECRETARY OF STATE 12/07/2809 05 00 CK: 14685 CT: 242801 BH: 1198167 1 2 25.86 = 25.80 ASSUM HAME #
(signature required)	IDAHO SECRETARY OF STATE 12/07/2809 05:00
ntet Name: MARVIN L. ANDERSON pacity/Title: PRESIDENT	IDAHO SECRETARY OF STATE 12/07/2009 05:00 CK: 14685 CT: 242861 BH: 119816: 1 2 25.86 = 25.80 ASSUM MANE #
(see instruction # 8 on back of form)	D 135432