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, Idaho Code, the indersigned gives notice of adoption of an Assumed Business Name STATE



1. The assumed business name which the undersigned use(s) in the traffaction of business is: Morrison Tire & Alignment Center 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Stuart Morrison Tire Co., Inc. 206 4th Avenue West Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 208-733-1464 4. The name and address to which future correspondence should be addressed: Post Office Box 2837 Submit Certificate of Assumed Business Twin Falls, ID 83303-2837 Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (If other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE

Stuart Morrison Tire Co., Inc.

Signature: ///

Printed Name: Bill Morrison

Capacity: President

(see instruction # 8 on back of form)

10/20/1997 09:00 CK: 1331 CT: 19882 BH: 48842

1 # 20.00 = 20.00 ASSUM NAME

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