

Signature:_

Printed Name:

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

	Carrier and the second
The assumed business name which the unbusiness is:	
Surplus Tire	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name Jeffery L Freeman	e: <u>Complete Address</u>
3. The general type of business transacted under the assumed business name is: Retail Trade	
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Surplus Tine (R) 3 1/2 GARRITA NAME IN 83687	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	Phone number (optional): 208 <u>363 3532</u> 208 703 5960
	Secretary of State use only

IDAHO SECRETARY OF STATE @8/16/2002 @5 = 00 CK: CASH CT: 158010 BH: 483245 1 0 20.00 = 20.00 ASSUM NAME # 2

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