

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2015 JUN 18 AM 8: 44

SECRETARY OF STATE STATE OF IDAHO

## submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: The Tool Repair Shop 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address The O-Ring Store LLC 1005 Warner Ave Suite A, Lewiston ID 83501 The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street The Tool Repair Shop PO Box 83720 Boise ID 83720-0080 1005 Warner Ave Suite A 208 334-2301 Lewiston ID 83501 Name and address for this acknowledgment CODY IS (if other than # 4 above). The O-Ring Store LLC 1005 Warner Ave Suite A Lewiston ID 83501 Secretary of State use only Signature: FROSTAD Printed Name: 06/18/2015 05:00 Capacity/Title: Signature: \_\_\_ Printed Name: /

IDAHO SECRETARY OF STATE

CK:14752 CT:311498 BH:1480398 10.25.00 = 25.00 ASSUM NAME 42

179809

Capacity/Title: //