## **CERTIFICATE OF** ASSUMED BUSINESS NAME

# FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 NOV 24 AM 9: 30

# SECRETARY OF STATE STATE OF IDAHO

### Please type or print legibly. Instructions are included on back of application.

	The assumed business name which the und business is:  Authorized Matco Tools Distributor  The true name(s) and business address(es)	
	business under the assumed business name:	
	Name	Complete Address  1475 St Charles Circle
	Richard Frerichs	Idaho Falls, ID 83404
		Idalio Falis, ID 03404
3.	Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
	<ul><li>Services</li><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Richard Frerichs	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
	1475 St Charles Circle	208 334-2301
	Idaho Falls, ID 83404	
5.	Name and address for this acknowledgmer copy is (#Fother than # 4 above):	nt
		Secretary of State use only
Signa	ature: / T// X/	
Printe	ed Name: Richard Frerichs	IDAHO SECRETARY OF STATE
Capacity/Title: Owner		11/24/2014 05:00 CX:547158 CT:158010 BH:1450607
Signature:		16 25.00 = 25.00 ASSUM NAME #2
Print	ed Name:	
Capa	acity/Title:	17175140

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