

CERTIFICATE OF ASSUMED BUSINESS NAME

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

227	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINES: Pursuant to Section 53-504, Idaho Code, is submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of apprint legible.	S NAME the undersigned Business Name.
The assumed business name which the undersigned use(s) in the transaction of business is: WELL-SEASONED AUTO PARTS	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name J&S TOWING LLC W \$1533	s) of the entity or individual(s) doing ne: <u>Complete Address</u> PO BOX 1328 MOUNTAIN HOME, ID 83647
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: WELL-SEASONED AUTO PARTS PO BOX 1328 MOUNTAIN HOME ID 83647	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State use only
Signature: JERRY HITESMAN Capacity/Title: OWNER Signature: Grain American Printed Name: SANDEE HITESMAN	IDAHO SECRETARY OF STATE 22/12/2013 05:00 CK: 8849 CT: 144706 BH: 1359862
Capacity/Title: OWNER	1 @ 25.00 = 25.00 ASSUM NAME # 2

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