



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2007 MAR -5 AM 9:39

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Performance Trailer Sales

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Randy Reynolds

221 Homer Drive St. Maries ID 83861

Levi Reynolds

221 Homer Drive St. Maries ID 83861

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

✓ Performance Trailer Sales
221 Homer Drive
St. Maries, ID 83861

5. Name and address for this acknowledgment copy is (if other than #4 above):

Phone number (optional):

208 245-5777

Secretary of State use only

Signature: Randy Reynolds
(signature required)

Printed Name: Randy Reynolds

Capacity/Title: Co-owner

(see instruction # 8 on back of form)

g:\comp\information\form\idaho.pds
Revised 04/2003

IDAHO SECRETARY OF STATE
03/05/2007 05:00
CK: NO CK # CT: 158010 BH: 1037053
1 @ 25.00 = 25.00 ASSUM NAME # 2

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