CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504. Idaho Code the undersigned

gives notice of adoption of an	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Tand T Express	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Name Tid the Tidea aisea	Complete Address 2830 S. Robert lune
Time one I carryina	Boise ID 83705
The general type of business transacted under the assumed business name is: (mark only those that apply)	
☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): \(\tag{\subseteq} \) \	
Tim Garrison 2830 S. Robert Cane	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Boise, ID 83705	700 West Jefferson
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment Basement West / PO Box 83720- Boise ID 83720-0080 - 208 334-2301
	INACO SECNETARIO OF USANTE DA
	CX: CRSH CT: 127736 BH: 296433
	1 8 28 88 # 29 98 OSCIN NOW # 2

Signature:

Printed Name: Tim Garrison

Capacity: Owner / operator

(see instruction # 8 on back of form)