

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2009 OCT 19 PM 4: 21

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on

2084235440

(see instruction #8 on back of form)

TIRE BALANCE SOLUTIONS	
The true name(s) and business address(es) of business under the assumed business name     Name     KENNETH D HODGES JR	of the entity or individual(s) doing : Complete Address 706 LOCUST ST KIMBERLY, ID 83341
3. The general type of business transacted under Presentation and Presenta	Submit Certificate of Assumed Business Name and \$25,00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 shows):	Secretary of State use only
nted Name: KENNETH D HODGES JR pacity/Title: OWNER	IDAHO SECRETARY OF 10/20/2009 CX: 324852 CT: 172899

1 9 25.00 = 25.00 ASSUM NAME # 2