

Capacity/Title:___

Secretary/Treasurer

(see instruction # 8 on back of form)

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.

2035 FEB 15 Pil 2: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the ebusiness under the assumed business name:	
	entity or individual(s) doing
Name	Complete Address
Lithia of TF, Inc. 360 E	E. Jackson Street, Medford, OR 9750
C164868	
he general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put	olic Utilities
Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Stephen B. Matthews	PO Box 83720
360 E. Jackson Street	Boise ID 83720-0080
Medford, OR 97501	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above):	• • • • • • • • • • • • • • • • • • • •
	541-776-6588
Same as above	
	Secretary of State use only
2/1/	
Name: Chris Holzshu	
ire:	
Name: (signeture required)	

IDAHO SECRETARY OF STATE

22/15/2006 05:00

CK: 44688 CT: 114182 BH: 938000

1 0 25.00 = 25.00 ASSUM NAME # 2

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