



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 SEP -8 PM 2: 53

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

SECRETARY OF STATE  
STATE OF IDAHO

A+ AutoMedic

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Richard D. McBride 20632 Tucker Rd Greenleaf ID 83626  
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

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

4. Mailing address for future correspondence:

Richard D. McBride  
(Name)  
20632 Tucker Rd.  
(Address)  
Greenleaf ID 83626  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Richard D McBride

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2015 05:00

CK: CASH CT: 158010 BH: 1491487  
1@ 25.00 = 25.00 ASSUM NAME #2

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