



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 OCT -3 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Holley Transport

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

Joseph P Holley

3477 E 1300 N SPC 12

PO BOX 266

ASHTON, ID 83420

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

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" 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 | |

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

HOLLEY TRANSPORT

PO BOX 266

ASHTON, ID 83420

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

JOSEPH P HOLLEY

PO BOX 266

ASHTON, ID 83420

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

10/03/2014 05:00

CK:130075 CT:158010 BH:1443931
10 25.00 = 25.00 ASSUM NAME #2

D174110

Signature: Joseph P. Holley

Printed Name: JOSEPH P HOLLEY

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____