

Capacity/Title: OWNER C.E.O

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAY -5 AM 8: 15 ECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
S.P.I Transportation INC.	RO. BOX 100 Kuna, Id
C 130202	83634.
The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and 605 00 fee fee
The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street
	PO Box 83720 Boise ID 83720-0080
S.P.I. P.O. BOX	(200) 224 2204
100 Kuna-Id \$3634	(208) 334-2301
Name and address for this acknowledgme	ent
manusia mana ana ana ana	
COPY is (if other than # 4 above):	
CODY IS (If other than # 4 above):	
CODY is (if other than # 4 above):	Secretary of State use only

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