

Capacity/Title:

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

11 MAR 30 AM 8: 24

SECH OF CF STATE

Please type or print legibly.
Instructions are included on back of application.

	Western World Conne	ect		
The true name(s) and <u>business</u> ad business under the assumed business.		entity or individual(s) doing Complete Address		
<u>Name</u>				
Cy Dillon Eames			2100 E. Gooding, Idaho 83330	
Robert Pace Freed	12242 N.	Hiline Road Pocatello, Idaho 8320	2	
3. The general type of business trans	sacted under the a	assumed business name is:		
	portation and Pub			
	struction		•	
	culture	· · · · · · · · · · · · · · · · · · ·	1	
☐ Manufacturing ☐ Minir	**	Submit Certificate of		
Finance, Insurance, and Rea	•	Assumed Business Name and \$25.00 fee to:		
		,		
 The name and address to which fu correspondence should be addres 		Secretary of State 450 North 4th Street	·	
Western World Connect		PO Box 83720		
1950 S. 2100 E.	<u>.</u>	Boise ID 83720-0080		
Gooding, Idaho 83330		208 334-2301		
5. Name and address for this acknow	vledament		• Terminal	
COPY IS (if other than # 4 above):				
			es a	
****		Secretary of State use only		
ignature: Cy Eames.				
rinted Name: Of Dillon Eames				
apacity/Title: General Partner				
	<u> </u>			
ignature:		IDAHO SECRETARY OF 03/30/2011	05:00	
rinted Name:		CK: 3265 CT: 257138 B	H: 1266683 ISUN NAME # :	

abn.pmd Rev. 07/2010

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