

## 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.

10 NOV -4 PN 3: 19

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

STATE OF IDAHO

The assumed business name which the up business is:	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>KEVIN RICHARD EDWARDS</u>	me: Complete Address
3. The general type of business transacted uses a large stransacted uses a large stransportation with the services and the services are serviced as a large stransport of the serviced as a l	on and Public Utilities  Submit Certificate of
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  **SAME**	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
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Kevin R. Edward	Secretary of State use only
Signature: KEVIN R EDWARDS	
Capacity/Title: GWNER	IDANO SECRETARY OF STATE
Signature:	11/04/2010 05:00 CK: 134 CT: 158810 BH: 1246802 1 8 25.80 = 25.68 ASSUM NAME # 2
Printed Name:	7 1400
Capacity/Title:	D143261

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