

Signature:

Printed Name: Tex

Capacity/Title: <u>A W M C Y</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

LED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 11 11 -2 AM 9: 24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the under business is:	
SLim Chance	Transportation
2. The true name(s) and business address(es) or business under the assumed business name:	of the entity or individual(s) doing
Name	Complete Address
Jerry M. Stewart	149 N-325W Blackfoot, ID. 83221
3. The general type of business transacted under	er the assumed business name is:
	and Public Utilities
ServicesManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
Jerry M. Stewart 149N-325W	PO Box 83720 Boise ID 83720-0080 208 334-2301
Black foot, ID, 83221 5. Name and address for this acknowledgmen	t Phone number (optional):
COPY is (if other than # 4 above):	308-785-6896
same.	Secretary of State use only
	1,065

DYJBJJ

IDAHO SECRETARY OF STATE

07/02/2004 05:00

CK: NO CK # CT: 158018 BH: 753731

1 # 25.00 = 25.00 ASSUM NAME # 2