## CERTIFICATE OF ASSUMED BUSINESS NAME Please type or print legibly. See instructions on reverse. SECRETARY OF STATE, STATE OF IDANO Pursuant to Section 53-504, Idaho Code, the undersigned JUN 11 AM 10: 05 To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) business is: DOUBLE DW TRANSPORT 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name DUANE A WADSWORTH 505 N CENTER OAKLEY ID 83346 DEBORAH A WADSWORTH SAME 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Agriculture Finance, Insurance, and Real Estate Wholesale Trade Construction Minina Services 4. The name and address to which future Phone number (optional): \_\_\_ correspondence should be addressed: Submit Certificate of Assumed Business 505 N Center Name and \$20.00 fee to: Oakley ID 83346 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 DL EVANS BANK ATTN: BECCA 208 334-2301 PO BOX 1188 Secretary of State use only BURLEY, ID 83318 IDAHO SECRETARY OF STATE 06/11/2001 09:00 CK: 48823 CT: 1935 BH: 482895 Signature: > 28.88 = 20.80 ASSUM HAME # 2 Printed Name: corplforms\ahn pm6 D 46018 Capacity:

(see instruction # 8 on back of form)