

Printed Name:

Capacity/Title:

9/21/2012

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.

2013 OCT 31 AM 9: 20

Please type or print legibly.

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insurctions are included on back of applicati	on. STATE OF IDAHO
 The assumed business name which the undersigness is: 	gned use(s) in the transaction of
Transport Cells	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Shawn J. Dittman Swany J. Dittman 57	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture	Public Utilities
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Transport Cells 744 Reeds Creek Road St. Maries, Idaha 83861	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
gnature: Skawn J. Dittma	Secretary of State use only
inted Name: Shawn J. D. Hman	
apacity/Title: Owner	Idaho secretary of state
gnature:	10/31/2013 05:00 CK: 2270 CT: 158010 BH: 1396209
inia d Na	1 @ 25.00 = 25.00 ASSUM NAME #