



# 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**

2013 DEC -9 AM 9:31

SECRETARY OF STATE  
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

DMJ TRUCKING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

DAVID SCHOENE

1420 NIXON AVE, IDAHO FALLS ID 83404

3. The general type of business transacted under the assumed business name is:

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                                   |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                                    |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |   |

4. The name and address to which future correspondence should be addressed:

DAVID SCHOENE DBA DMJ TRUCKING

1420 NIXON AVE

IDAHO FALLS ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of  
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

Secretary of State use only

Signature: \_\_\_\_\_

Printed Name: DAVID SCHOENE

Capacity/Title: OWNER

Signature: *David Schoene*

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
12/10/2013 05:00  
CK: 1030 CT: 150010 BH: 1401043  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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