

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

SNOWBIRD EXPRESS

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

Name Stephanie K. Schrock
208-746-2022

Complete Address 1502 GRELLE AVE
LEWISTON, ID 83501

01 SEP 14
SECRETARY OF STATE
IDAHO
AM ID: 15

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☒

wood by products/chip truck

☐

Wholesale Trade

☐

Agriculture

☐

Transportation and Public Utilities

☐

Services

☐

Construction

☐

Finance, Insurance, and Real Estate

Mining

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

Phone number (optional): 208 746-2022

SNOWBIRD EXPRESS

1502 GRELLE AVE

LEWISTON ID 83501

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

Stephanie K. Schrock

1502 GRELLE AVE

LEWISTON, ID 83501

Signature: Stephanie K. Schrock

Printed Name: Stephanie K. Schrock

Capacity: owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
09/14/2001 05:00
CK: 3325 CT: 151200 BH: 419131
1 @ 20.00 = 20.00 ASSUM NAME # 2

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FILED/EFFECTIVE