

Capacity/Title:

President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF	OEN
ASSUMED BUSINESS N. Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busine Please type or print legibly.	dersigned
NOTE: See instructions on reverse before fil	ing.
The assumed business name which the undersi business is:	gned use(s) in the transaction of
WILLTRAN	
The true name(s) and business address(es) of t business under the assumed business name:	he entity or individual(s) doing
Name BILL J. WILLIAMS	Complete Address
CAROLE A. WILLIAMS	10024 W. TARGHEE, BOISE, ID 83709
CAROLL A. WILLIAMS	10024 W. TARGHEE, BOISE, ID 83709
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture 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: WILLTRAN, P.O. BOX 5424 BOISE, ID 83705	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). PETERSON, HODGES & HARPER, LLP 	Phone number (optional): (208) 733-5500
P.O. BOX 3088	Secretary of State use only
TWIN FALLS, ID 83303	•
nature required Name: BILL J. WILLIAMS	
(signature required) BILL J. WILLIAMS	

IDAHO SECRETARY OF STATE 12/12/2003 05:00 CK: 4387 CT: 171898 BH: 716384 8 25.00 = 25.00 ASSUM MAME # 2