



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

RESET FORM
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2017 DEC 14 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

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

DADSWAY TRANSPORTATION

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

ALAN D CLAPIER 75 S. RAIL ROAD MIDVALE ID. 83645
 (Name) (Address)

DAMELA R CLAPIER 75 S. RAIL ROAD MIDVALE ID. 83645
 (Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

ALAN CLAPIER
 (Name)

P.O. Box 236
 (Address)

MIDVALE ID 83645
 (City) (State) (Zipcode)

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

ALAN CLAPIER
 (Name)

2206 Keithley Creek Rd
 (Address)

MIDVALE ID. 83645
 (City) (State) (Zipcode)

Printed Name: ALAN D. CLAPIER

Signature: [Handwritten Signature]

Printed Name: DAMELA R CLAPIER

Signature: [Handwritten Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 12/14/2017 05:00
 CK:1327 CT:349698 BH:1616269
 1@ 25.00 = 25.00 ASSUM NAME #2

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