

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

08 SEP 30 AM 8: 17 SECRETARY OF STATE STATE OF IDARO

Ho	ton Towing & Co.
2. The true name(s) and business address business under the assumed business Name Cynda Herrick	BS(65) of the entity or individual(5) doing s name: Complete Address PO Box 1104, Cascade,ID 83511
3. The general type of business transacte	ed under the assumed business name is:
	ation and Public Utilities
 ✓ Wholesale Trade ✓ Services ✓ Agricultu ✓ Manufacturing ✓ Finance, Insurance, and Real Est 	Submit Certificate of Assumed Business
. The name and address to which future correspondence should be addressed: Horton Towing & Co.	The state of the s
PO Box 1104	(208) 334-2301
Cascade, ID 83611	
5. Name and address for this acknowled copy is (frother than # 4 above):	gment gment
	Secretary of State use only
ature: by he Marin	
ed Name Cynda Henrick	

IDAHO SECRETARY OF STATE Ø9/30/2008 Ø5:00 CK: 188 CT: 230173 BH: 1138065 1 0 25.08 = 25.08 ASSUM MANE # 2

