

FILED-EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2005 JAN 31 AM 10:16** submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Tobias 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
<u>REVA M TOBIAS</u>	<u>17813 OREANA LOOP OREANA, ID 83650</u>
_____	_____
_____	_____

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 |   |

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

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

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

REVA M. TOBIAS  
17813 OREANA LOOP  
OREANA, ID 83650

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

Phone number (optional):

208 834-2288

Signature: \_\_\_\_\_ (signature required)

Printed Name: REVA M TOBIAS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
01/31/2005 05:00  
CK: 1435 CT: 158010 BH: 790115  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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