Capacity/Title: Sole

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

07 JAN 17 AM 11: 11

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business nam Name RENITA K HOGAN	e: Complete Address 702 4TH AVE NORTH NAMPA,IDAHO 83687
The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: SATIN TRUCKING 702 4TH AVE NORTH NAMPA,ID 83687	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
. Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional): 2084634905

IDAHO SECRETARY OF STATE

01/17/2007 05:00

CK: 1824561 CT: 172899 BH: 1826789
1 8 25.80 = 25.80 ASSUM NAME # 2

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