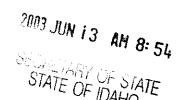


CERTIFICATE OF EFFECT

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

Please type or print legibly.



NOTE: See instructions on reverse before	STATE OF IDAHO
The assumed business name which the under business is: Tri-State Transport	
2. The true name(s) and business address(es) or business under the assumed business name: Name Stary D Larson 4	P.O. 2 Complete Address LTD 83551 497 Dlander Rd. #1, Winchester ID 83555
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	ler the assumed business name is: and Public Utilities Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
correspondence should be addressed: Tri-State Transport ation Stay! P.O. Box 241 Winchester, TD 83555	Basement West
 Name and address for this acknowledgment copy is (if other than # 4 above): 	t Phone number (optional): (308)924-6818
	Secretary of State use only
Signature: Say Signature (signature required)	IDAHO SECRETARY OF STATE ### 100
Printed Name: Stacy D. Lawson Capacity/Title: Owner / Operator (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 96/26/2003 05:00 CK: 2300 CT: 158010 BH: 688150 1 9 25.00 = 25.00 ASSUM NAME #