



CERTIFICATE OF FILED EFFECTIVE 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.

2003 JUN 13 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

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

Tri-State Transportation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<p>Name</p> <p><u>Stacy D Larson</u></p>	<p>Complete Address:</p> <p><u>P.O. Box 241, Winchester, ID 83555</u> <u>497 Olander Rd. #1, Winchester ID</u> <u>83555</u></p>
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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 | |

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

Tri-State Transportation/Stacy Larson
P.O. Box 241
Winchester, ID 83555

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

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

Phone number (optional):

(208) 924-6818

Secretary of State use only

Signature:

Stacy D. Larson
(signature required)

Printed Name:

Stacy D. Larson

Capacity/Title:

owner/operator

(see instruction # 8 on back of form)

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Revised 07/2002

Debbie

IDAHO SECRETARY OF STATE
 06/26/2003 05:00
 CK: 2300 CT: 150010 BH: 600150
 1 @ 25.00 = 25.00 ASSUM NAME # 2