

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 SEP 15 PM 2:58

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

PHM TRANSPORT

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>PETER H. MANSON</u>	<u>3649 CAPSTONE DR.</u>
	<u>IDAHO FALLS ID.</u>
	<u>83401</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 | |

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

3649 CAPSTONE DR.
IDAHO FALLS ID.
83401

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Peter H. Manson

Printed Name: PETER H. MANSON

Capacity/Title: OWNER

Signature: Peter H. Manson

Printed Name: PETER H. MANSON

Capacity/Title: OWNER / SOLE PROPRIETOR

Secretary of State use only

0142148

IDAHO SECRETARY OF STATE
09/15/2010 05:00
CK: 512973 CT: 172039 BH: 1239071
1 @ 25.00 = 25.00 ASSUM NAME # 2