

Signature: \_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2016 APR -8 AM 10: 19

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction or businessus:				
	Ayers Refridgerated Transport				
2.		ty names and business ac ame (do <u>not</u> include the name	ddress(es) of those doing business under eyou listed in #1):		
	Shawn Ayers	475 Polk Street #NA	475 Polk Street #NAA Twin Falls ID 83301		
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of busin	ess transacted under the	assumed business name is:		
	☐ Retail Trade ☐ Wholesale Trade ☐ Services	<ul><li>Construction</li><li>Agriculture</li><li>Manufacturing</li></ul>	<ul><li>☒ Transportation and Public Utilities</li><li>☒ Mining</li><li>☒ Finance, Insurance, and Real Estate</li></ul>		
4.	Mailing address for future	·	<ol> <li>Name and address for this acknowledgment copy is (if other than #4).</li> </ol>		
	Ayers Refrigerated Trans	sport	(Name)		
	475 Polk St. #NAA,		(Mario)		
	(Address) Twin Falls ID	83301	(Address)		
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)		
Printed Name: Shawn Ayers		Ayers	Secretary of State use only		
Signature: Sharm Ayrus		me	IDAMO SECRETARY OF STATE		
Printed Name:			04/08/2016 05:00 CK:1912 CT:322912 BH:1522640 16 25.00 = 25.00 ASSUM NAME #2		
Się	gnature:		2		
Printed Name:		ę.	D 185745		

Rev. 08/2015