

**Printed Name:** 

(see instruction # 8 on back of form)

Capacity:

## CERTIFICATE OF 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.

LED/EFEE	
2007 AUG 30 AV 9:01	5
St. 81.01	•
A. SIAM	

White Rose TRUCKI	<u> </u>
. The true name(s) and business address(es)	
business under the assumed business name	
<u>Name</u>	Complete Address
Benny D. White	69 N Gale St. Nampa TD 83651
	Nampa, TD 85651
	J. O. C.
The general type of business transacted un	der the assumed business name is:
T.otali Hado	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$20.00 fee to:
☐ Finance, Insurance, and Real Estate	
. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Same	PO Box 83720
	Boise ID 83720-0080 208 334-2301
	23333
5. Name and address for this acknowledgmer	nt Phone number (optional):
COPY IS (if other than # 4 above).	
US Bank - Chies	
1112 184515	Secretary of State use only
01000	
Nampa TD 83651	72001

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IDAHO SECRETARY OF STATE

98/38/2002 05:00

CK: 97 CT: 158010 BH: 485683
1 9 20.00 = 20.00 ASSUM NAME # 2