## **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. SECRETARY OF STATE STATE OF IDAHO

Professional Tr	uck Driving School
2. The true name(s) and business address(est business under the assumed business name  Name  Carter and Associates, Inc.	s) of the entity or individual(s) doing ne: Complete Address 2019 Kimberly Road Twin Falls, ID 83301
3. The general type of business transacted un  Retail Trade Transportation	nder the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Professional Truck Driving School  2019 Kimberly Road  Twin Falls, ID 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
and was allow	Secretary of State use only  Secretary of State use only  Secretary of State use only
gnature. (signature required)  rinted Name. L. Gordon Carter  apacity/Title: President  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  OB/01/2007 05:  CK: 1520 CT: 180527 BH: 106