

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

| THIS | O IS | | BUSINESS No. 1, Part 8, Idaho Code. | IAME | SECRETARY OF STA | 9: 0g | |
|-----------------------|--|--|--|---|--|-----------|--|
| 1. | he assumed business name which the undersigned use(s) in the transaction of business is: | | | | | | |
| | | Bates Family Trucking | | | | | |
| | | | · | | | | |
| 2. | | he individual and/or entity names and business address(es) of those doing business under he assumed business name (do <u>not</u> include the name you listed in #1): | | | | | |
| | Rodney Bl | ake Bates | 1121 Plain View Dr. | Twin Falls,工 | D 8330/ | r | |
| | (Name) | | (Address) | | | | |
| | (Name) | | (Address) | | | | |
| | (Name) | | (Address) | *************************************** | | | |
| | (Name) | | (Address) | , , | | | |
| | Retail T Wholes Service | ale Trade | X Construction☐ Agriculture☐ Manufacturing | Mini | sportation and Public ng nce, Insurance, and R | | |
| 4. | Mailing address for future correspondence: | | | Name and address for this acknowledgment copy is (if other than # 4): | | | |
| | Rodney Blake Bates | | | • | , | | |
| | (Name) 1121 Plain View Dr. | | | (Name) | | | |
| | (Address) | | | (Address) | | | |
| | Twin Falls | | | *************************************** | | | |
| | (City) | (Sta | ite) (Zipcode) | (City) | (State) | (Zipcode) | |
| Prir | nted Name: | Rodney Blake Ba | ates | | Secretary of State use only | | |
| Signature: Manu/B/B/S | | | | IDAHO SECRETARY OF STATE | | | |
| Printed Name: | | | | CK: | 07/15/2016 05 1593 CT:325326 BH | | |
| Signature: | | | | 1 | 25.00 = 25.00 ASSU | | |
| Printed Name: | | | | 1 |) 187931 | | |
| | - | | | L | 10 (W) | | |

Rev. 08/2015