CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned



	gives notice of adoption of an Assume	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Clay	Trucking
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
	Kelly Clay	4470 N. 25 E., Idaho Falls. ID 83402
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed: Kelly Clay 4470 N. 25 E.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Idaho Falls, ID 83402	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgme	Basement West PO Box 83720
	U.S. Bank of Idaho	Boise ID 83720-0080 208 334-2301
	P.O. Box 51448	Secretary of State use only
	Idaho Falls, ID 83405-1448	187
Signati	Vu M	IDAHO SECRETARY OF STATE DATE 02/25/1997 0900 67130 2
Printed	Name: Kelly Clay	OV 84 100 CHECK 0700
Capac	ity:owner	
	(see instruction #8 on back of form)	ASSUM NAME 18 20.00= 20.00