Capacity: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) Jun 2 9 50 AN 1 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the traffsaction of HO business is: Fischer's Transport Repair 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Wings RL. Fischer 1822 E Linden Caldwell Idaho 83605 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_ correspondence should be addressed: Fischer's Transport Repair Submit Certificate of Assumed Business 1822 E Lunden Name and \$20.00 fee to: Caldwell, Idaho 83605 Secretary of State 700 West Jefferson Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Baise ID 83720-0080 208 334-2301 86/82/1999 89:08 CK: CASH CT: 116297 BH: 222022 Signature: (Jings & J. Fischer) Printed Name: Wings R. L. Fischer 26532