FILED EFFECTIVE



Capacity/Title: Partner

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2013 SEP 12 AH 9: 02

SECRETARY STATE STATE OF THEO

D165714

Please type or print legibly. Instructions are included on back of application.

En Route Transportation	
2. The true name(s) and <u>business</u> a business under the assumed business	address(es) of the entity or individual(s) doing
Name	
Mark Browning	Complete Address
Teresa Browning	1390 Cathryn Ave Idaho Falls, ID 83404
relesa blowning	1390 Cathryn Ave Idaho Falls, ID 83404
The general type of business train	popular the accuracy have
	nsacted under the assumed business name is: nsportation and Public Utilities
	Istruction
	riculture
☐ Manufacturing ☐ Min	.
	Assumed Rusiness
☐ Finance, Insurance, and Re	Name and \$25.00 fee to:
4. The name and address to which	
correspondence should be addressed	essed: 450 North 4th Street
	PO Box 83720
1390 Cathryn Ave	Boise ID 83720-0080 208 334-2301
Idaho Falls, ID 83404	208 334-2301
5. Name and address for this ackno copy is (if other than # 4 above);	wledgment
<u> </u>	Secretary of State use only
anature: Jun XIII 6711 171	
gnature: John Mary	
inted Name: Teresa Browning	
	IDAHO SECRETARY OF STATE 99/12/2013 05: