

RECEIVED  
SECRETARY OF STATE

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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.

01 MAR - 8



SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

NORTH COUNTRY TRANSPORTATION SERVICES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Michael C Ziegwied  
Georgia L. Ziegwied

Complete Address

P.O. Box 962 Bonners Ferry ID 83805  
same as above

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input checked="" type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208.267.8363

Mike Ziegwied

P.O. Box 962

Bonnors Ferry ID 83805

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

IDAHO SECRETARY OF STATE ONLY

03/08/2001 09:00  
CK: 4623 CT: 143274 BH: 303351

1 @ 20.00 = 20.00 ASSUM NAME # 2

D43360

Signature:

Michael C Ziegwied

Printed Name:

Michael C Ziegwied

Capacity:

owner

(see instruction # 8 on back of form)