

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR -9 AM 9: 54

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is. COAST Transportation The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Council on Aging & P.O. Box 107, Colfax, WA 99111					
2.						
	(Name) Human Services, Inc. (Name)	(Address)				
	(Name) (217510	(Address)				
	(Name)	(Address)	<u> </u>			
3.	The general type of busines Retail Trade Wholesale Trade Services	s transacted under Construction Agriculture Manufacturi	n	⊠ Tran	sportation and Public t	
4.	J	orrespondence:	5.	Name and a	address for this acknover than # 4):	wledgment
	COAST Transportation (Name)			(Name)		
	P.O. Box 107			(runna)		
	(Address) Colfax WA	99111		(Address)		
		tate) (Zípcode)		(City)	(State)	(Zipcode)
	inted Name: Paige Collins				Secretary of State use only	
Signature: / (ollus)				IDAHO SECRETARY OF STATE		
Printed Name:				04/10/2018 05:00 CK:61478 CT:136765 BH:1637233		
Sig	gnature:			10 2	5.00 = 25.00 ASSU	M NAME #2
Printed Name:				N 0019603		

Rev. 08/2015