

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D125876

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

08 OCT 28 AM 8: 09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

TCILO	OGISTICS
The true name(s) and business address(es business under the assumed business name Name MARGARET ANN LIVINGSTON	s) of the entity or individual(s) doing ne: Complete Address 7601 ELMORE ROAD, FRUITLAND, IDAHO 83619
3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: MARGARET ANN LIVINGSTON	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
7601 ELMORE ROAD FRUITLAND, IDAHO 83619	(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	nt
	Secretary of State use only
Signature: (signature required) Printed Name: MARGARET ANN LIVINGSTON	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF
Capacity/Title: OWNER/MANAGER	IDAHO SECRETARY OF STATE 19/28/2908 95:90