

FILED EFFECTIVE
2003 DEC 8 AM 9:39
STATE OF IDAHO

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

TOP GUN TRUCK DRIVING ACADEMY

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

Name	Complete Address
GREGORY A CHRISTIANSON	127 FORESTVALE CIRCLE, TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:

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

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

427 FORESTVALE CIRCLE, TWIN FALLS, ID
83301

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

Phone number (optional):

Signature: GREGORY A CHRISTIANSON
(signature required)

Printed Name: GREGORY A CHRISTIANSON

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
12/08/2003 05:00
CK: 6069 CT: 174393 BH: 715325
1 @ 25.00 = 25.00 ASSUM NAME # 4

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