



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 NOV 18 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

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

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

CRUSADER TRUCK LINES

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

<u>Name</u>	<u>Complete Address</u>
<u>John Morris</u>	<u>40 North Second St: PO Box 98</u>
<u>Trish Morris</u>	<u>Cambridge Idaho 83610</u>
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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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

John Morris
PO Box 98 Cambridge Idaho
83610

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

Signature: [Signature]

Printed Name: John I Morris

Capacity/Title: OWNER

Signature: [Signature]

Printed Name: Trish Morris

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2013 05:00
CK: 1063 CT: 150010 BH: 1390429
1 @ 25.00 = 25.00 ASSUM NAME # 2

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