

Printed Name:

Capacity/Title: OWNER

(see instruction #8 on back of form)

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

6. HAY 24 PM 12: 59

SECRETE OF STATE

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: ROCKY MOUNTIAN DELIVERY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address TERRY BENSON, 641 TIFFANY DR 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction ✓ Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and **\$25.00** fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** TERRY BENSON PO Box 83720 641 TIFFANY DR Boise ID 83720-0080 208 334-2301 MERIDIAN ID 83642 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than #4 above): 208 8843286 Secretary of State use only Signature:

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IDAHO SECRETARY OF STATE 95/24/2005 95:00 CK: 11511 CT: 189891 BH: 812298 1 8 25.00 = 25.00 ASSUM MANE # 1

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