

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

10 OCT -4 AM 8: 45

SECRECITY OF STATE STATE OF IDAHO

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

1. The assumed business name which the und	ersigned use(s) in the transaction of
business is: MGS Trucking a	Co
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Michael G. Smith Amanda R. Smith	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: M.chael Sm. H 1218 Sw.sher Rd Pocatello II) 83204	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t
11-1114	Secretary of State use only
Printed Name: Michael Smith	
Capacity/Title: our er Signature: mandefmith	IDAHO SECRETARY OF STATE 10/04/2010 05:00
Printed Name: Amanda Smith	CK: 139 CT: 158010 BH: 1241543 1 8 25.00 = 25.00 ASSUM NAME # 3
Capacity/Title: Co-owner	1/10

abn.pmd Rev. 07/2010

D142550