



# 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**

2005-02-01 AM 9:44

SECRETARY OF STATE  
STATE OF IDAHO

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:

Idaho Cargo Express

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

Chris Upchurch

223 13<sup>th</sup> Ave S. Nampa Id 83651

Perry Spivey

223 13<sup>th</sup> Ave S. Nampa ID 83651

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

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

~~223 13<sup>th</sup> Ave~~ Idaho Cargo Express  
223 13<sup>th</sup> Ave South  
NAMPA ID 83651

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

Perry L. Spivey  
11969 Colonial Drive  
Caldwell, ID 83605

Phone number (optional):  
\_\_\_\_\_

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Perry L. Spivey

Capacity/Title: \_\_\_\_\_

OWNER/Partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/02/2005 05:00  
CK: 3851 CT: 158010 DH: 795973  
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corpforms\labn form\labn.p65  
Revised 04/2003

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