



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

11 MAY -3 AM 8:24

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:

Allshouse Truck'n

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>Bernard Allshouse</u>	<u>P.O. Box 193 Burley, ID</u>
<u>Christine Allshouse</u>	<u>P.O. Box 193 Burley, ID</u>

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 checked="" 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:

Allshouse Truck'n
P.O. Box P.O. Box 193
Burley, ID 83318

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

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

Secretary of State use only

Signature: Bernard Allshouse

Printed Name: Bernard Allshouse

Capacity/Title: Owner

Signature: Christine Allshouse

Printed Name: Christine Allshouse

Capacity/Title: Manager

IDAHO SECRETARY OF STATE
05/03/2011 05:00
CK: 1887 CT: 158818 BH: 1272846
1 @ 25.00 = 25.00 ASSUM NAME # 2

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