227



Printed Name:

Capacity/Title:

(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.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

. The assumed business name which the undersigne	d use(s) in the transaction of
business is:	
HLI LOWING	7
. —	
. The true name(s) and business address(es) of the obusiness under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Taril Banson /	41 Tillian Dr
The serious w	TITICALL
	AS III
	00070
. The general type of business transacted under the	assumed business name is:
Transport of the sent the	L. P
Retail Trade Transportation and Pu	DIIC Utilities
☐ Wholesale Trade ☐ Construction	
Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:
☐ Finance, Insurance, and Real Estate	
The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
Terri L Benson	Boise ID 83720-0080
641 Tiffany Dr	(208) 334-2301
Meridian ID83646	
5. Name and address for this acknowledgment	
COPY is (if other than # 4 above):	
	Secretary of State use only
	Secretary of State use only
anna: Shirt O'MA	

D125253

IDAHO SECRETARY OF STATE

10/02/2008 05:00

CK: 125 CT: 238229 BH: 1138416

1 8 25.00 = 25.00 ASSUM NAME # 2