

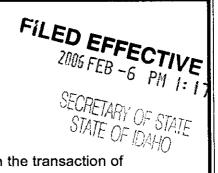
CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



TRINITY TRANSPORTATION	
The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
JEREMY LAWES LLC	P.O. BOX 328
W47086	BLACKFOOT, ID 83221
	n and Public Utilities
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: TRINITY TRANSPORTATOIN P.O. BOX 328 BLACKFOOT, IDAHO 83221	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgm copy is (if other than #4 above):	rent Phone number (optional):
	Secretary of State use only
ature: sed Name: JERÉMY LAWES acity/Title: MANAGER/OWNER	Secretary of Stat

IDAHO SECRETARY OF STATE

02/06/2006 05:00

CK: 721758 CT: 172099 BH: 936266

1 8 25.00 = 25.00 ASSUM NAME # 2