

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUN -4 AM 9: 56

SECRETARY OF STATE STATE OF IDAHO

D163661

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

The assumed business name which the undersigned use(s) in the transaction of business is:	
Aaron & M'lisse Roed Tr	wking
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Aronce Read Milissa L Reed	entity or individual(s) doing Complete Address Workstan Ct Mpa ID 83686
3. The general type of business transacted under the Retail Trade Transportation and Positive Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Haron a M'Lissa Lead Trucking 1113 W Odessa Ct Dampa TD 83686	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Acron Lee Reel	Secretary of State use only
Printed Name: AARONI Lee Reed	
Capacity/Title: Owner Operator	
Signature: Marker Lead	IDAHO SECRETARY OF STATE 06/04/2013 05:00
Canacity/Title: O. 2100 F / Hy causin to 194	CK: CASH CT: 158818 BH: 1376633 1 8 25.08 = 25.00 ASSUM NAME 1 2