Printed Name:

(see instruction # 8 on back of form)

Capacity:

TFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) SEP 25 AM 10: 26 CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO $_{\zeta}$ Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Nance. The State of Alle 1. The assumed business name which the undersigned use(s) in the transaction of business is: West Valley Bus Co. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Route 3, Box 151, Buhl, ID 83316 Douglas Dale Scott Ellen K. (Katie) Scott Route 3, Box 151, Buhl, ID 83316 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade XX Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Mining Services 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: Doug or Katie Scott Submit Certificate of **Assumed Business** Route 3, Box 151 Name and \$20.00 fee to: Buhl, ID 83316 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 1 8 20.00 = 20.00 ASSUM NAME # 2

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