

Capacity/Title: <u>むいい</u>れ

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

1. The assumed business name which the business is:  Superior Tracking	undersigned use(s) in the transaction of
2. The true name(s) and business address(abusiness under the assumed business name  Name	es) of the entity or individual(s) doing ame:  Complete Address  505 SPRuce Po. Box 202  Bould, Tdalo, 83866
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  John J. Faille  505 Spruce Po. Box 200  Bavin, Td R3866	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional): <u>えっちょん- 3.3.3 %</u> Secretary of State use only
Signature: John J. Jollo  (signature required)  Printed Name: John J. Faila	ead 04/2003

IDAHO SECRETARY OF STATE

96/98/2995 95 299

CK: 2514 CT: 158818 BH: 814823

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