



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 OCT 24 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

MAGANA TRUCKING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Bulmaro Magaña

15 W 400 S. Burley, Id 83318

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

42 Manor Dr.

Buhl, Id 83316

Bulmaro Magaña

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N/A

Phone number (optional):

(208) 308-5167

Submit Certificate of
Assumed Business
Name and ~~\$20.00~~ fee to:

25.00
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
10/31/2003 05:00
CK: 473 CT: 150010 BH: 709335
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: x Bulmaro Magaña

Printed Name: x Bulmaro Magaña

Capacity: _____

(see instruction # 8 on back of form)

Informational format: 065
Revised 01/2001

FILED EFFECTIVE

D70211