

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

SECRE BY OF STATE STATE OF IDAHO

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

business is:	NEER TOWING
The true name(s) and <u>business</u> addres business under the assumed business <u>Name</u> Shane Bates	es(es) of the entity or individual(s) doing name: Complete Address 464 Roosevelt Street, Gooding, ID 83330
3. The general type of business transacte Retail Trade Transporta Wholesale Trade Agricultur Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities tion re Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Shane Bates 1921 East 1600 South Gooding, ID 83330	42000 100 100
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
Signature: DWW	Secretary of State use only
Printed Name: Shane Bates	<u> </u>
Capacity/Title: Owner	_
Signature:	IDAHO SECRETARY OF STATE 11/10/2010 05:00
Printed Name:	CK: 886 CT: 138010 BH: 1246656 1 9 25.60 = 25.60 ASSUM NAME # 2
Capacity/Title:	* F PALAR

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