

Capacity/Title:

## 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 undersigned use(s) in the transaction of business is: Crossline Transportation 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 BenWa Trucking, LLC 937 West 200 South, Blackfoot, ID 83221 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** P.O. Box 1051 PO Box 83720 Boise ID 83720-0080 Blackfoot, ID 83221 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above); Secretary of State use only Signature: signature required) Printed Name: B. J. Driscoll

ytorpyformstabn formstabn.p65

Agent

(see instruction # 8 on back of form)