FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME STATE OF TRANS Oursuant to Section 53-504 Idebto Code 35-

submits for filing a certificate of Assumed Busine	persigned ass Name.
Please type or print legibly. Instructions are included on back of applicat	
1. The assumed business name which the undersibusiness is: Right way Report R	•
2. The true name(s) and <u>business</u> address(es) of to business under the assumed business name: Name Michelle A. Froch	he entity or individual(s) doing Complete Address
3. The general type of business transacted under t Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Michelle A. Enoch Sig N. Fir St. Shoshone TD 83352	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
Signature: Michelle Enos	Secretary of State use only
Printed Name: Michelle Froch	
Capacity/Title:	
Signature:	·
Printed Name:	Idaho secretary of state
Capacity/Title:	03/10/2011 05:00

03/10/2011 05:00 CK: 625998 CT: 172099 RH: 1263746 1 0 25.00 = 25.00 ASSUM NAME N 2