



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 FEB -7 PM 3: 33

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Two Feathers Transport

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

Philip L. Howell

1055 Wilson, #15 -

Pocatello, Idaho 83201

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input 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:

Philip L. Howell

1055 Wilson, #15

Pocatello, Idaho 83201

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

Signature: Philip L. Howell

Printed Name: Philip L. Howell

Capacity/Title: Owner / Gen. Mgr.

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State Use only

IDAHO SECRETARY OF STATE
02/07/2014 05:00
CK: 1696828 CT: 172099 BN: 1409770
1 @ 25.00 = 25.00 ASSUM NAME # 2

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