## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned 2012 AUG 23 AM 9: 06 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

Roadway Accounting	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Donna Wilson-Funkhouser	•
B. The general type of business transacted ur  Retail Trade Transportation  Wholesale Trade Construction	nder the assumed business name is: and Public Utilities
<ul><li>✓ Services ☐ Agriculture</li><li>☐ Manufacturing ☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Donna Wilson-Funkhouser P O Box 1521	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Bonners Ferry, ID 83805	J
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State use only
nature: John A Wilson Funthouser	
nted Name: Donna Wilson-Funkhouser pacity/Title: owner	
nature:	IDANO SECRETARY OF STATE
nted Name:	08/23/2012 03 08: 4435 CT: 273564 BH: 13
pacity/Title:	1 8 25.88 = 25.88 ASSUM W

abri.pmd Rev. 07/2010