

## 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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the under business is:	ersigned use(s) in the transaction of
Carroll's Travel Plaza	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name Carroll's LLC	of the entity or individual(s) doing  Complete Address  PO Box 184, Blackfoot, ID 83221
<ul><li>☐ Wholesale Trade</li><li>☐ Construction</li><li>☐ Agriculture</li><li>☐ Manufacturing</li><li>☐ Mining</li></ul>	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Craig Richardson  PO Box 184	Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Blackfoot, ID 83221  5. Name and address for this acknowledgment copy is (if other than # 4 above):  Jared M. Harris	Phone number (optional): 208 785-2310
PO Box 577  Blackfoot, ID 83221	Secretary of State use only
Signature: H- Busiq ferhandser	72001 72001
Printed Name: H. Craig Richardson	Securing the secretary of state 199/27/2001 95:20
Capacity: Nember	CK: 6127 CT: 66248 BH: 421389
(see instruction # 8 on back of form)	류 1 년 20.00 = 20.00 ASSUM NAME # 2

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