CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)



(Liesse the or him inf	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
 The assumed business name which the obusiness is: 	undersigned use(s) in the transaction of
Red Thunder Road Service	
The true name(s) and business address(business under the assumed business na	ame is/are:
Name	Complete Address
Darren Arave	312 Park Ave. Mullan. ID 83846
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Submit Certificate of
Darren Arave	Assumed Business
	Name and \$20.00 fee to:
P.O. Box 617	
Mullan, ID 83846	Secretary of State 700 West Jefferson
	Resement West
 Name and address for this acknowledgric COPy is (if other than # 4 above): 	PO BUX 83720
· -	Boise ID 33720-0080 208 334-2301
U.S. Bank of Idaho	206 334-2301
P.O. 559	Secretary of State use only
Wallace, ID 83873	
Printed Name: DORREN ARAVE	
Printed Name: DORREN ARAVE	I INNO SECRETARY OF STATE
Capacity: Sole proprietor	Ø8/Ø1/1997 Ø9:00 CK: 3756 CT: 3146 BH: 26418
(see instruction # 8 on back of form)	1 8 20.00 = 20.00 ASSUM HAVE
	O 1801