(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUI	MED B See instruc	tions on rayarea \
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	iho Code, t	the undersigned
1.	The assumed business name which the ur business is:	ndersigned	use(s) in the transaction of A
	TGN TRANSPORTATION.		BA. B
2.	2. The true name(s) and business address(es) of the entity or individual states business under the assumed business name is/are:		
	STULANOUIC NIJAZ	2832.W	Complete Address . CHELRY LU F#101 Bois € 10 8
		44.	
3.	The general type of business transacted un (mark only those that apply)	nder the as	ssumed business name is:
	□ Retail Trade □ Manufacturin □ Wholesale Trade □ Agriculture □ Services □ Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone num	ber (optional): <u>(208) 33<i>8-0156</i></u>
	2832. W. CHERRY LN #F101		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	BOISE IN お3705. Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		66	Secretary of State use only
Signatu	ure: Atalonauc Dijaz	Revision 12/99	10/20/2000 09:00 CK: 2578518208 CT: 127474 NH: 255805
Printed Name: <u>STULPALOULE 11/3/42</u>		35	CK: 2578518398 CT: 137474 BH: 355825 1 8 26.60 = 26.66 ASSUN NAME # 2
Capacity:		ormstabn.p65	D 3986Z