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

2011 DEC -9 AM 8: 32

SECRETARY DE LIATE STATE OF IDAHO

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

 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
MAY FAR	METRUCKING
2 The true name(s) and <u>business</u> address(e business under the assumed business name Name MAYSAGINC (C187577)	s) of the entity or individual(s) doing me: Complete Address 124 SOUTH 1350 WEST PALL, IDAHO 83347
3. The general type of business transacted use Retail Trade	Submit Certificate of Assumed Business
5. Name and address for this adknowledgme copy is (if other then #4 above):	Secretary of State use only
Signature: Julia G. May Printed Name: DEB J.MAY Capacity/Title: CORP. SEC.	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE 12/09/2011 05:00
Capacity/Title:	CK: 849516 CT: 172099 BH: 1301026 1 0 25.00 = 25.00 ASSUM MAME # 2

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