

Capacity/Title: DWN-CY

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 006 SEP 13 AM 8: 31

Please type or print legibly.

SECRETARY OF CTATE

NOTE: See instructions on reverse be	STATE OF IDAHO
1. The assumed business name which the ubusiness is:	undersigned use(s) in the transaction of
Filer Towing	
2. The true name(s) and <u>business</u> address(business under the assumed business na Name Dayid Twner Vatcatca Twner	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: FICT TOWING 2241 D E 4000 N FIRST TOWING 23328 5. Name and address for this acknowledge copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
LOPY IS (If other than # 4 above).	(208)358-2717
	Secretary of State use only
Signature: Name: David Wher	- IDAHO SECRETARY OF STATE - USAN SECRETARY OF
Capacity/Title: DIMMPY	\$ 1 # 25.00 = 25.00 ASSUM NAME # 2