

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

2013 MAR 25 PM 18: 04

FILED EFFECTIVE

SECRETARY DATE STATE OF IDAHO

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

pus	e assumed business name which the u siness is: nillip Kindall Apiarles	undersigned use(s) in the transaction of
	e true name(s) and <u>business</u> address(e siness under the assumed business na <u>Name</u> Phillip G Kindall Della Rae Kindall	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 2831 Hwy. 95 Cambridge, Idaho 83610
4. The corr	general type of business transacted uses general type of business transacted uses general type of business transacted uses general type of business transportation. The services general type of the services general type	Submit Certificate of
	ne and address for this acknowledgme y is (If other than # 4 above):	ent
Signature:	Chillp a Right	Secretary of State use only
	ime: Phillip G Kindali	
Capacity/T		
Signature:		
Printed Name: Della Rac Kindali		IDAHO SECRETARY OF STATE
Capacity/Title: Owner		03/25/2013 05:00 CK: 1334211 CT: 172899 BH: 1366269 1 0 25.08 = 25.00 ASSUM NAME # 2

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