Printed Name:

Owner

Owner

(see instruction # 8 on back of form)

Capacity:

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersighed 15 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Hi-Time Transport 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address <u>Len A. Stewa</u>rt 2630 South 2000 West, Rexburg, Idaho 83440 Darren V. Parkinson Rexburg, Idaho 83440 132 Webster Avenue, 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing XX Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20,00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY is (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 Zions First National Bank 208 334-2301 401 North Capital Secretary of State use only Idaho Falls, ID 83402 Signature en A. Darren

IDANO SECRETARY OF STATE 07/16/2002 05:00 CK: none CT: 112633 BH: 477293 1 @ 20.00 = 20.00 ASSUM NAME # 2

D56500