

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



1. The assumed business name which the undersign	gned use(s) in the transaction of
business is: P + P Tru	cking
2. The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:	Complete Address
Name Ohio Andreas	0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Philip L. Clokey 115 Pam J. Clokey 115	
Fam J. Clokey	8340)
3. The general type of business transacted under t	the assumed business name is:
Retail Trade Transportation and	Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Pat Trucking	PO Box 83720 Boise ID 83720-0080
1150 Blave True	208 334-2301
Daho Falls 10 83402	
<ol><li>Name and address for this acknowledgment</li></ol>	Phone number (optional):
copy is (if other than # 4 above).	208-528-9505
	Control of
	Secretary of State use only
	0.70001
Signature: Sal Moh Printed Name: Philip Cloken Capacity: owner	1250181
Brinted Name: Philip 15 Aloken	Revised 01/2001
Printed Name: PIULI P CAORCE	2 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Capacity: 6 (see instruction # 8 on back of form)	01/05/505 00:00
(See Hishachor in a art pack of form)	CK: 218 CT: 155192 BH: 437572 1 @ 20.08 = 28.08 ASSUM NAME #