

## CERTIFICATE OF ASSUMED BUSINESS NAME

2017 FEB 13 AM 9: 30

**FILED EFFECTIVE** 

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

Printed Name:

Signature:

SECRETARY OF STATE

D192120

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  ArcBest					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	ArcBest II, Inc.	3801 Old Greenwood Road, Fort Smith, AR 72903				
	(Maine) (C212045)	(Address)				
	(Naine)	(Address)	(Address)			
	(Name)	(Address)				
	(Nenie) (Address)					
3.	The general type of busing Retail Trade  Wholesale Trade  Services	iness transacted und Construct Agricultur Manufact	ion 🔯 T	usiness name is: Transportation and Public U Mining Tinance, Insurance, and Re		
4.	Mailing address for future correspondence: 5.  ArcBest Corporation Attn: Judy, Legal			5. Name and address for this acknowledgment copy is (if other than #4):		
	(Name)		(Nanio)			
	3801 Old Greenwood R	toao	(Address)		<del>-</del>	
	Fort Smith	AR 72903 (State) (Zipcore)	(Chy)	(State)	(Zipcode)	
				,		
Pr	Printed Name: Michael R. Johns			Secretary of State use only		
Sig	gnature.	<del>\</del>				
Pr	inted Name:			IDAHO SECRETARY OF	' STATE	
	gnature:			02/14/2017 0 K:261628 CT:334561 @ 25.00 = 25.00 ASS	BH: 156868	

Rev. 08/2015