

FILED EFFECTIVE



## 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.

2005 DEC -5 PM 12:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

IDAHO XPRESS TRANSPORT

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

DON CURTIS

Complete Address

P.O. BOX 144

PINEHURST, IDAHO 83850

3. The general type of business transacted under the assumed business name is:

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                                   |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                                    |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |   |

4. The name and address to which future correspondence should be addressed:

DON CURTIS

2900 N GOVERNMENT WAY #277

COEUR D'ALENE, IDAHO 83815

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-964-2657

Signature: 

Printed Name: DON R CURTIS

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\copys\main\form\id\idku.pdf  
11/28/05 10:12

IDAHO SECRETARY OF STATE  
12/06/2005 05:00  
CK: 1167 CT: 194737 BH: 925277  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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