

## **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. Instructions are included on back of application.

STORMAR JAM 9:25 1. The assumed business name which the undersigned use(s) in the transaction of business is: L. Owen Trucking 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Lyle Owen 434 South 200 East Preston ID 83263 Po Box 567 Preston ID 83263 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street Lyle Owen PO Box 83720 Boise ID 83720-0080 Andee Owen 208 334-2301 PO BOx 567 Preston ID 83263 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature:\_\_ Printed Name: Lyle Owen Capacity/Title: Owner Signature: IDAHO SECRETARY OF STATE 03/01/2013 05:00

CK: 1015 CT: 280066 BH: 1362547

Printed Name: Andee Owen

Capacity/Title: Office Manager