

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.

11 FEB 24 AM 8: 27

SECTATE BY OF STATE STATE OF IDAHO

MAGER T	RANSPORT
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>) of the entity or individual(s) doing ne: <u>Complete Address</u>
DAVID E. MAGER	PO BOX 1500, KAMIAH, ID.,83536`
DIANNE MAGER	PO BOX 1500, KAMIAH, ID.,83536
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is: and Public Utilities
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: PO BOX 1500	Secretary of State 450 North 4th Street PO Box 83720
KAMIAH, ID. 83536	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (frother than # 4 above):	nt
atura: Man Miller	Secretary of State use only
ed Name: DAVID E MAGER	
city/Title: OWNER uture: Magr	
ed Name: DIANNE MAGER	IDAHO SECRETARY OF STAT Ø2/24/2011 Ø5:
pacity/Title: OWNER	CK: 101 CT: 255887 BH: 126

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