



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 MAR -9 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

D.A.S.H. Delivery

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
<u>Derrick Johnson</u>	<u>992 South park Ave West Twin Falls, ID 83301</u>
<u>Aaron Trammell Apartment #1204</u>	<u>2495 Chuckingon place Twin Falls, ID 83301</u>
<u>Steven Wise</u>	<u>722 Green Acres Dr Twin Falls, ID 83301</u>

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

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

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

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

Derrick Johnson 992 South park Ave. West Twin Falls, Idaho 83301

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

Phone number (optional): _____

Secretary of State use only

Signature: Derrick Johnson
(signature required)

Printed Name: Derrick Johnson

Capacity/Title: Owner / Partner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
03/09/2007 05:00
CK: 3438 CT: 210647 BH: 1038798
1 @ 25.00 = 25.00 ASSUM NAME # 2

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