227		FILE
ASSUM Pursuant to Sec	RTIFICATE OF ED BUSINESS NAI tion 53-504, Idaho Code, the under a certificate of Assumed Business	signed
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: <u>Genzalez Transportation</u>		
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>Complete Address</u> <u>Gabriel Gonzalez</u> <u>658 North 2884East Roberts, ID 834</u> 44		
Retail Trade Wholesale Trad Services Manufacturing	Agriculture Mining nce, and Real Estate ss to which future Id be addressed:	
<u><i>Roberts, ID</i></u> 5. Name and address for copy is (if other than #4 ab <u>Susan Gonz</u> <u><i>P.O. Bcx</i></u> 40	83999 or this acknowledgment ove): aliz	208 334-2301 Phone number (optional): 208-34(-4399 Secretary of State use only
<u>Signature: Gabriel Gon</u> (aignature: <u>Gabriel Gon</u> (aignature: <u>Gabriel G</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on t	ontalez.	IDAHO SECRETARY OF STATE 3/12/2004 05:00 CK: 1500 CT: 150010 DH: 732629 1 2 25.00 = 25.00 ASSUM NAME # 3 D74127