CERTIFICATE OF ASSUMED BUSINESS NAME

08 JUN 30 AM 9: 31

THE STREET

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

SECRETALL OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the unders	signed use(s) in the transaction of
business is:	
ZANE CONdie TRU	cking
The true name(s) and business address(es) of business under the assumed business name: Name	the entity or individual(s) doing Complete Address
ZANO M. CONSIO 4	311 Teton
ARLAND M CONdie (SANER) B	INSO TARKO
ADMINIT CONVICTORINALLY D	3705
3. The general type of business transacted under	the assumed business name is:
☐ Retail Trade ☐ Transportation an ☐ Wholesale Trade ☒ Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Zave Condie TRucking	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
4311 TETON Boise Idano 83705	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ignature: Grland M. Condie	IDAHO SECRETARY OF STATE OF STATE
rinted Name: ARLAND M. Condice	IDAHO SECRETARY OF STATE O6/30/2008 O5:00 CK: 1931 CT: 227489 BH: 1122294
apacity/Title: OWNER	1 0 25.00 = 25.00 ASSUM NAME #
(see instruction # 8 on back of form)	oout whit #