



Capacity: Office Manage (See Instruction # 8 on back of form)

## CERTIFICATE OFFILE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAY 27 AM 9: 35 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SEWAETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(business under the assumed business name)	(es) of the entity or individual (a)
Kabert O. Rosworth	POBOX 72 Weston, ID 832
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  BOSWOTH Transport PO BOX 72 Weston, ID 83286	on and Public Utilities  Submit Certificate of Assumed Business
<ol> <li>Name and address for this acknowledgme copy is (# other than # 4 above);</li> </ol>	Phone number (optional): 208-747-3711
	Secretary of State use only

IDAHO SECRETARY OF STATE @5/27/2003 @5:00 CK: 1542 CT: 158810 BH: 682685 1 @ 25.88 = 25.88 ASSUM NAME # 2