

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS INAIVIL Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. The or print legibly.

FILED EFFECTIVE

NOTE: See instructions on reverse before filing

Fife Trucking  2. The true name(s) and business addre	ess(es) of the entity or individual(s) doing
business under the assumed busines	essites) of the entity of individual(s) doing
Name	Complete Address
Paniel Fife	180 A 3900 E Righty ID
Wayne Fife	180 11 5900 F Kighy ID 3640 E Menan Corenzo Hwy ma
	ted under the assumed business name is:
Services Agricult  Manufacturing Mining	
Finance, Insurance, and Real E	state Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed	e Secretary of State
rir 112 - 1	Basement West
100 M Family	PO Box 83720 Boise ID 83720-0080
180 11 3400 F Kighy	208 334-2301
5. Name and address for this acknowle	edgment Phone number (optional):
COPy is (if other than #4 above):	1 208 - 589-3429
	Secretary of State use only
gnature: Romel of State (signature required) inted Name: Dan, al L. F.F.	IDAHO SECRETARY OF STATE  O6/07/2004 05:0

2004 05:00 CT: 2814 BH: 748827 25.00 ASSUM MANE # 2