

CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 NOV 16 AM 8: 20 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before	ore filing.
The assumed business name which the ur business is:	
The Transo	action Emup
2. The true name(s) and business address(expressions) business under the assumed business name Name Ludy Loud The true name(s) and business address(expressions) address(expressions) and business address(expressions) addre	s) of the entity or individual(s) doing me: Complete Address 454 W. Poschern, Od St. 110 Donnelly, Tdaho 83(015
3. The general type of business transacted un	nder the assumed business name is:
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: The name and address for this acknowledgme copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only
Signature: (signature required)	
Printed Name: Judy Land	IDAHO SECRETARY OF STATE
Capacity/Title: Owner (see instruction # 8 on back of form)	11/16/2007 05:00 CK: 1894 CT: 219670 BH: 1685828 1 0 25:00 = 25:00 ASSUM MANE # 2
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