

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 MOV 23 AM 9:17

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	Trucking
The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Holly Gallimore	
The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ler the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Holly Gallimore  4910 Easter Dr.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Nampa, ID 83686	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
ature: Holugh ACO	Secretary of State use only
ted Name: Holly Gallimore	
acity/Title: Owner	TRAILE OFFDETADY OF STATE
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ature: led Name:	IDAHO SECRETARY OF STATE 11/23/2011 05:0 CK: 1184 CT: 264387 BH: 1299 1 8 25.00 = 25.00 ASSUM MAN