

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Printed Name: Sallie Goff

(see instruction # 8 on back of form)

Capacity/Title: Owner

2005 DEC 12 AH 10: 18

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The assumed business name which the und business is: D + S Transport	,
The true name(s) and business address(es business under the assumed business name Name Sallie Goff Doug Goff	
The general type of business transacted und Retail Trade Wholesale Trade Services Manufacturing Mining	ader the assumed business name is: and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 1965 N. Monaco Litay mendian, ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):
	Secretary of State use only

Revised 04/2003

IDAHO SECRETARY OF STATE
12/12/2005 05:00
CK: 5281 CT: 158010 BH: 926205
1 0 25.00 = 25.00 ASSUM NAME # 2

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