Capacity/Title:

CERTIFICATE OF

ASSUMED BUSINESS NAME 2011 APR 12 PM 4: 17

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

STATE OF TOAHO

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

Lady J Ti	rensportation
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Jennifer Y Hinman	es) of the entity or individual(s) doing me: <u>Complete Address</u> 45 Cedar Hills Dr, Pocatello, ID 83204
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Jennifer Y Hinman 45 Ceder Hills Dr Pocatello, ID 83204	Secretary of State 450 North 4th Street PO Box 83720 Bolse ID B3720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (# other than # 4 above):	ent
gnature:	Secretary of State use only
inted Name:	TRAIN OF OPERATOR OF ATAI

IDAHO SECRETARY OF STATE

04/12/2011 05:00

CK: 652928 CT: 172099 BH: 1268916
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