

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG 22 AM 11: 25

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	HENGEN TRUCKING				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	DAVID L HENGEN		RD. OROFINO, IDAHO 83544		
	(Name) LISA M HENGEN	(Address) 3175 DENT BRIDGE PD OPOEINO IDAHO 82544			***************************************
	(Name)	3175 DENT BRIDGE RD. OROFINO, IDAHO 83544 (Address)			
	(Name)				
	(Name)	(Address)			
	(Name)				
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade Wholesale Trade Services	Construction Agriculture Manufacturing	∑ Transpor ☐ Mining	tation and Public U Insurance, and Re	
4.	Mailing address for future c	orrespondence:	5. Name and addr copy is (if other tha	ress for this acknow n#4):	/ledgment
	HENGEN TRUCKING (Name)		(Name)		···
	3175 DENT BRIDGE RD.				
	(Address) OROFINO ID	83544	(Address)		
		State) (Zipcode)	(City)	(State)	(Zipcode)
Pri	inted Name: DAVID L HENG	SEN	Secr	etary of State use only	mp
Sig	gnature:	Trans	1DAHO SECRETARY OF STATE 08/22/2016 05:00		
Pr	inted Name: LISA M HENGE	<u>EN</u>	CK:4142600 CT:172099 BH:1542954 1@ 25.00 = 25.00 ASSUM NAME #2		
Sig	gnature: Juse M Henry	Per-			
Printed Name:			D188710		

Rev. 08/2015

2000/2000图

Signature:_

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