CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Idahe gives notice of adoption of an Ass	sumed Business Name.
1.	The assumed business name which the undersigned use(s) The training of business is:	
	INTERSTATE REEFER SERVICE	E
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name JAMES MARSHALL 2	Complete Address 260 4th AVE WEST/PO BOX 675, WENDELL, I
	BONNIE JO MARSHALL	83355 SAME
3.	The general type of business transacted und (mark only those that apply)	der the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Esta ☐ Mining
4.	The name and address to which future Photographic Correspondence should be addressed: INTERSTATE REEFER SERVICE	one number (optional): 208-539-0067_Busin 208-536-5033_Home
•	PO BOX 675	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	WENDELL, ID 83355	Secretary of State 700 West Jefferson
	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
natu	ire: 1 Marchell	IDANO SECRETARY OF STATE 93/31/2000 09:00
nted	Name: James Marshall	CK: NO CK # CT: 129143 JBH: 384695
oacit	ty: Owner	1 9 20.00 = 20.00 ASSUM NAME # 2