



# 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.**  
**Instructions are included on back of application.**

**FILED EFFECTIVE**

**2015 MAR -5 AM 8:53**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Owens Logistics Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Clyde Owens

PO Box 1536 Spirit Lake ID 83869

3. The general type of business transacted under the assumed business name is:

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                                   |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                                    |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |   |

4. The name and address to which future correspondence should be addressed:

OLS

PO Box 1536

Spirit Lake ID 83869

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: \_\_\_\_\_

Clyde R Owens

Printed Name: \_\_\_\_\_

Clyde R Owens

Capacity/Title: \_\_\_\_\_

Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2015 05:00

CK:165888 CT:158010 BH:1464824

10 25.00 = 25.00 ASSUM NAME #2

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