04 NOV -9 PM 3: 35



CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Capacity/Title:_

	Traffic Services of Ida	ho
The true name(s) and business a business under the assumed bus		ntity or individual(s) doing
Name		Complete Address
Traffic Services Incorporated	P.O	Box 190195, Boise, ID 83719-0195
0157259		
rectall reads	sportation and Pul	
villoicodio ilidao	•	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which correspondence should be address. Traffic Services Incorporated P.O. Box 190195	uture	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Boise, ID 83719-0195		208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	owledgment	Phone number (optional): 208-703-9558
		Secretary of State use only
nature: May M_	orpVormskabn formskabn p65 Revised 04/2003	D212019
ted Name:steve Roach	formskabn form	IDAHO SECRETARY OF STATE
pacity/Title: Director	orpvorms Revis	11/09/2004 05: CK: 1398 CT: 183589 BH: 77 1 0 25.00 = 25.00 ASSUM WA