

227



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2004 MAR 12 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

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

L. L. White Trucking

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

<u>Name</u>	<u>Complete Address</u>
<u>LESTER WHITE</u>	<u>Box 362, CAREYWOOD, ID 83809</u>
_____	_____
_____	_____

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 | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

LESTER WHITE
Box 362
CAREYWOOD, ID

Phone number (optional):

208-683-4204

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

Signature: *Lester White*
(signature required)

Printed Name: LESTER WHITE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

P:\corp\form\bin\form\idbn.pdf
P:\idbn\440001

IDAHO SECRETARY OF STATE
03/12/2004 05:00
CK: 1003 CT: 150010 DN: 732637
1 @ 25.00 = 25.00 ASSUM NAME # 2

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