



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, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 APR -7 AM 10:22
STATE OF IDAHO

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

WMG Transportation

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	Complete Address
Floyd Wilcox + Sons, Inc.	30 Golden Beauty Drive
C33312	Rexburg ID 83440

3. The general type of business transacted under the assumed business name is _____
(mark only those that apply)

☐ Retail Trade ☐ Manufacturing ☒ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate
☐ Services ☐ Construction ☐ Mining

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

WMG Transportation
30 Golden Beauty Dr.
Rexburg, ID 83440

Phone number (optional): (208) 356 7563

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

**Submit Certificate of
Assumed Business
Name and \$20.00 fee to**

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

Secretary of State use only

IBAND SECRETARY OF STATE

04/07/2000 09:00
 CX: 15490 CT: 62619 BH: 306950

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 3481.5

Signature: Dawn Wilson

Printed Name: Lynn Wilcox

Capacity: President.

(see instruction # 8 on back of form)

Review 1/2013

1. What is the purpose of the study?