



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.

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

T & M TRUCKING

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

Thomas L. Chalmers

24 BLUE SPRUCE LN. BOX 970

MARGARET A. Chalmers

24 BLUE SPRUCE LN. BOX 970

CASCADE, IDAHO 83611

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:

T & M TRUCKING
24 BLUE SPRUCE LN. BOX 970
CASCADE, IDAHO 83611

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

Phone number (optional):

208-382-4550 / cell 208-867-4168

Secretary of State use only

Signature: [Signature]

(signature required)

Printed Name: Thomas L. Chalmers

Capacity/Title: Owner/Operator

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
11/19/2002 05:00
CK: 2835 CT: 165113 BH: 646848
1 @ 20.00 = 20.00 ASSUM NAME # 2

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