

Capacity/Title: OUNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2003 JUN -2 PM 2: 26

NOTE: See instructions on reverse before fill	CLEELLARY OF CEATE
The assumed business name which the undersign business is:	SECHETARY OF STATE gned use(s)Tighte)trapasition of
- FLEET SERVICE	OF IDAHO
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Name	
3. The general type of business transacted under the	
Retail Trade Transportation and Wholesale Trade Construction	Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
320 LAKE LOWE!	Basement West PO Box 83720
ALANDA EN ENLES	Boise ID 83720-0080
MAINTA ID. 83686	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	(208)461-7780
	Secretary of State use only
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nature: Solicia Baty nted Name: RRAT BATY 1000710 pse	
nature: Kolum Baty 100710 pg	
nted Name: A PAT BATY	

IDAHO SECRETARY OF STATE 96/02/2003 05:00 CK: 187 CT: 158818 BH: 683753 1 8 25.86 = 25.88 ASSUM NAME # 2

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