

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

Please type or print legibly.

11 JAN 12 AM 8: 22

Instructions are included on back of appl	
The assumed business name which the und business is: Mitchell Trux	SECE BY OF STATE dersigned use(s) in the traffs bould of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Odi Lynn Mitchell	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Sodi Mitchell Po Box 303 Fair Field Idaho 83327	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Sodi Mitchell PoBox 303 Fairfield	t
Idaho 83327	Secretary of State use only
Signature: Molt Mitchell	~ .1115-(11
Printed Name: Jodi L mitchell	0,44541
Capacity/Title: Owner	IDAHO SECRETARY OF STATE_
Signature:	Ø1/12/2011 Ø5:00 CK: 1939 CT: 158919 BH: 1255997
Printed Name:	1 8 25.80 = 25.00 ASSUM NAME # 2
Capacity/Title:	