

Printed Name:

Capacity/Title:\_

(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.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

СТ	Finance
2. The true name(s) and business address(e business under the assumed business name  Name  Consolidated Transportation Finance, Inc.  C 147891	s) of the entity or individual(s) doing ne: Complete Address 913 W River Street, Suite300, Boise, ID 83702
The general type of business transacted ur  Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
P.O. Box 6088 Boise, ID 83702	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment copy is (if other than # 4 above).	nt Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/06/2003 05:00
CK: 1225 CT: 158818 BM: 785978
1 0 25.00 = 25.00 ASSUM MANE # 2

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