## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

the SECRETARY OF STATE STATE OF IDAHO MIS APR 26

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:    Name:		
	The assumed business name which the undersigned us business is:  Engelbert Trucking	ng
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Divided P Engelbert P. 1996  Judy A Engelbert Cala	mplete Address 22 hower Pleasant Ridge  Lucy II 83607
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)	
	☐ Wholesale Trade ☐ Agriculture ☐ Fir ☐ Services ☐ Construction ☐ Mi	ransportation and Public Utilities nance, Insurance, and Real Estate ining
4.	The name and address to which future correspondence should be addressed:  P.O. Box 452  Green eat 12 8360 K	er (optional): 208-250-330 Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):  Canyon Medical Health M.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
٠.	P. O. Oox 158	Secretary of State use only
	Caldevelled 83606  State of Name: Pariel President &	IDAHO SECRETARY OF STATE  04/26/2005 05:00  CK: 1976 CT: 188182 BH: 806771  1 @ 25.00 = 25.00 ASSUM NAME # 2

Sig Capacity:\_ (see instruction # 8 on back of form)

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