

Capacity/Title: OWness

(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.

2893 FEB -3 AH 8: 50

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersign business is:  Eveland Transcri	· ,
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Chekee Eveland  M	entity or individual(s) doing  Complete Address  55 WOODMONT DE.  ERICIAN ID 8.3642
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  **Eveland** Transperior**  **Eveland** Transpe	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):  gnature:   (signature required)  Toozoo Pass  Toozoo Pa	Phone number (optional):  Secretary of State use only

IDAHO SECRETARY OF STATE 92/93/2093 95:00 CK: 501 CT: 158010 BH: 660681 1 8 20.00 = 20.00 ASSUM NAME # 2

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