

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 MAY -9 AM 10: 12

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| Mowrey Transport  |                      |   |  |
|---|----------------------|---|--|
| 2. The true name(s) and <u>business</u><br>business under the assumed b |                      |   |  |
| Name<br>Mauray Enterprises III S  | 4240 N.O.            | Complete Address                          |  |
| Mowrey Enterprises, LLC   | 1310 N Cc            | 1310 N Cormorant PI #107, Boise, ID 83713 |  |
| (W137767)   |                      |   |  |
|   |                      |   |  |
|   |                      |   |  |
| . The general type of business tr                                       | ansacted under the a | issumed business name is:                 |  |
| Retail Trade  | ansportation and Pub | lic Utilities                             |  |
| ☐ Wholesale Trade ☐ C   | onstruction          |   |  |
| Services A  | griculture           |   |  |
| Manufacturing M   | lining               | Submit Certificate of                     |  |
|   | ĭ l                  | Assumed Business                          |  |
| ☐ Finance, Insurance, and   | Real Estate          | Name and <b>\$25.00</b> fee to:           |  |
| 4. The name and address to whic   | h future             | Secretary of State                        |  |
| correspondence should be add  | ressed:              | 450 North 4th Street                      |  |
| Robert D Mowrey Sr  |                      | PO Box 83720                              |  |
| 1310 N Cormorant PL #107  |                      | Boise ID 83720-0080                       |  |
|   |                      | 208 334-2301                              |  |
| Boise, ID 83713   |                      |   |  |
| <ol><li>Name and address for this ack</li></ol>                         | nowledgment          |   |  |
| COPY is (if other than # 4 above):                                      |                      |   |  |
|   |                      |   |  |
|   | <del></del>          |   |  |
|   |                      |   |  |
|   |                      | Secretary of State use only               |  |
| nature: ///   | - 4                  |   |  |
|   |                      | IDAHO SECRETARY OF ST                     |  |
| nted Name: Robert D Mowrey Sr   | 1                    | 05/00/2014 05:                            |  |

05/09/2014 05:00 CK:127 CT:199375 BH:1424125 10 25:00 = 25:00 ASSUM NAME #2

D171114

Capacity/Title: Manager

Capacity/Title:\_

Printed Name:

Signature: