

227



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.

01 OCT -3 478:54
STATE OF IDAHO
FILED/EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Vines Trucking

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Michael & Felicia Vines

Complete Address

H/C 85 Bx 19-F
Mountain Home, Idaho
83647

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Vines Trucking
H/C 85 Box 19-F
Mtn Home, ID 83647

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):

Phone number (optional):

587-4717

Signature: Michael Vines

Printed Name: Michael Vines

Capacity: Owner

(see instruction # 8 on back of form)

10/03/2001
Form 505
Revised 01/2001

IDaho SECRETARY OF STATE
10/03/2001 05:00
CK: 4256 CT: 152010 BH: 422360
1 F 20.00 = 20.00 ASSUM NAME # 2

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