



Capacity: DWALK

(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.

2. The true name(s) and <u>business</u> address(es business under the assumed business nam	s) of the entity or individual(s) doing
Name Oit is A 200	Complete Address
TRAVIS C'HILDERS	POBOX 511 POTLATCH ID 83855
3. The general type of business transacted un	nder the assumed business name is:
	n and Public Utilities
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: TRAVIS CHILDERS POTLATCH ID 83855	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 206 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
SAME AS #4	Secretary of State use only
3/MC /10 /	Secretary of State 430 only

IDAHO SECRETARY OF STATE 10/15/2002 05:00 CK: 3052 CT: 158010 BH: 575950 1 @ 20.00 = 20.00 ASSUM NAME # 2

P59/06