



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.

FILED EFFECTIVE
07 AUG 29 AM 8:40
SECRETARY OF STATE
STATE OF IDAHO

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

SANDPOINT CHARTER SERVICE

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

Name

Complete Address

HARLIE D. HANSON

P.O. BOX 943, Sandpoint, Idaho 83864

LANA KAY HANSON

P.O. BOX 943, Sandpoint, Idaho 83864

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

HARLIE D. & LANA KAY HANSON

P.O. BOX 943

SANDPOINT, IDAHO 83864

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: *Harlie D. Hanson*

(Signature required)

Printed Name: HARLIE D. HANSON

Capacity/Title: CO OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\idaho form\idaho_965
Revised 04/2003

IDAHO SECRETARY OF STATE
08/29/2007 05:00
CK: 4384 CT: 158010 BH: 1073066
1 @ 25.00 = 25.00 ASSUM NAME # 2

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