Capacity: ADMINISTRATIR

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUM (Please type or print legibly. S	ee instructions on reverse.)
To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	
The assumed business name which the unbusiness is:  Classification of the content of the co	
2. The true name(s) and business address(es	) of the entity or individual(s) doing
business under the assumed business nam  Name  John Hanky	ne is/are: Complete Address 4385 Pappy Ave Maynday Home IOE3
Carole Hoadley	P. D. Bex 1246 Mountain Hom IP. 87 4385 Pappy Ave Mienton Heart "
The general type of business transacted un (mark only those that apply)	der the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future Properties or correspondence should be addressed:	hone number (optional): 208-587-6211
P.O. Box 1246	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson
Signature: Man Hondlan	Secretary of State use only IDAHO SECRETARY OF STATE  SECRETARY OF STATE  CK: 7846 Cl: 95664 BH: 98649
Brinted North Alabam 13 a 414	1 0 28.80 = 20.00 ASSUM MAME

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