

Printed Name:

Capacity/Title: OWNER

Capacity/Title: OWNER

Signature: KaniSage

Printed Name: KARIN SAYLER

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. Instructions are included on back of application.

The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	antity or individual(s) doing
Name JASON F. SAYLER KARIN K. SAYLER	Complete Address P.O. BOX 3877 COEUR D'ALENE, TD 83816
The general type of business transacted under the Retail Trade Transportation and Post Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: P.O. BOX 3877 COEUR D'ALENE, ID 83816	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (If other than # 4 above):	

IDAHO SECRETARY OF STATE

08/10/2012 05:00

CK: 58886874585 CT: 158818 RH: 1335412

1 8 25.00 = 25.00 ASSUM NAME # 2

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