

Capacity/Title:

(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.

07 NOV 14 AM 8: 13

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Musie R Wolverton 30 Isaac I Wolverton Co	Complete Address 15. Idaho POBOX 1880 LSCade, Id 831011
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	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
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (208) (180-4846)
Signature: (signature fequired)	Secretary of State use only

IDAHO SECRETARY OF STATE
11/14/2007 05:00
CK: 40798 CT: 158010 BH: 1085267
1 0 25.00 = 25.00 ASSUM MANE # 2

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