

Printed Name: _

Capacity/Title: <u>OWNLY</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 2005 SEP 19 All 9: 27

FILED EFFECTIVE

IDAHO SECRETARY OF STATE 09/19/2005 05:00 CK: 2150 CT: 158618 BH: 912184 8 25.80 = 25.80 ASSUM NAME # 2

D91754

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name SCALIAN CONTRACTOR STATE OF STATE

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the e	entity or individual(s) doing
business under the assumed business name: Name	Complete Address
.1	Enaway Rd. Potlatch, ID 8
•	
The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Pul	olic Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
115 Onaway Rd. Potlatch, ID 83855	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above).	208-874-2088
	Secretary of State use only