

ASSUMED BUSINESS NAME **CERTIFICATE OF**

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

3003 HOV 21 AM 9: 10

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

C	ore Financial	
The true name(s) and business address business under the assumed business in	s(es) of the	entity or individual(s) doing
Name		Complete Address
Duane Drapeau		P.O. Box 1624
		Post Falls, ID 83877-1624
The general type of business transacted		
Retail Trade Transporta Wholesale Trade Construction		ublic Utilities
✓ Services	e ate 	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 Phone number (optional): 208-704-7415
		Secretary of State use only
ed Name: Duane Drapeau	g/corp/komstabn formstabn p65 Revised 04/2003	07086 8
city/Title: owner (see instruction # 8 on back of form)	g:\corp\form	IDAHO SECRETARY OF STATE CK: 5866