CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
	To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, Id gives notice of adoption of an	ATE OF IDAHO DEC / daho Code, the indersigned 2: 15
1.	The assumed business name which the business is:	undersigned use(s) in the Paraset tion of
2.	The true name(s) and business address(business under the assumed business na	es) of the entity or individual(s) doing ame is/are:
	<u>Name</u>	Complete Address
	DIANA WILSON Nicholas Parker	P.O. BOX 234 Potatoh, ID 83852 HCI BOX 82B St. MARIES, Id
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is: 8840
	Retail Trade	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed: 5423 Hwy 95 Potlatch 11	Phone number (optional): 28 875 1555 DL 268 875 0357 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
	Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signature: 2 1 / Signature:		
Printed Capacit	y: Desident. (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/12/2001 05:00 CK: 1895 CT: 154514 BH: 433994 1 2 28.00 = 20.00 ASSUM NAME # 2
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