

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 OCT -4 PM 1:01

Please type or print legibly. Instructions are included on back of application.

SECRIC RY OF STATE STATE OF IDAHO

Western Management Company	
The true name(s) and <u>business</u> address business under the assumed business	
<u>Name</u>	Complete Address
Harley Wilcox	P.O. Box 362, Victor, ID 83455
	cted under the assumed business name is: ortation and Public Utilities uction
☐ Services☐ Manufacturing☐ Mining✓ Finance, Insurance, and Real Expression	Submit Certificate of Assumed Business
The name and address to which futu correspondence should be addresse Harley Wilcox	Occidedly of Oldic
P.O. Box 362	208 334-2301
Victor, ID 83455	
Name and address for this acknowle copy is (if other than # 4 above):	dgment
	Secretary of State use only
eature: 11 8 1 5	-
ed Name: Harley Wilcox	***************************************
acity/Title: <i>Owner</i>	
nature:	IDAHO SECRETARY OF STATE
ited Name:	LK! 22/8 CT: 150010 MJ. 10215
nacity/Title	The state of the s

n.pmd Rev. 07/2010

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