

CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 OCT 12 PM 12:21 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

PETE WHI	TE PRODUCTI	ONS
2. The true name(s) and business address business under the assumed business name Name PRITCHARD H WHITE	ame:	tity or individual(s) doing Complete Address SLACIER DRIVE, BOISE, ID 83716
3. The general type of business transacted	under the as	sumed business name is:
	tion and Publ	•
 Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: P. H. WHITE 	ite	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
6706 GLACIER DRIVE	-	(208) 334-2301
BOISE, ID 83716	and the second s	
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment	
		Secretary of State use only
nature: The Hulida (fignature required) nted Name: PRITCHARD H WHITE pacity/Title: OWNER	g/corpNorme/abn forme/abn.p65 Revised 04/2003	IDAHO SECRETARY OF STATI 19/12/2007 05: CK: 1459 CT: 158418 BH: 18

