

Capacity/Title: President

Printed Name:

Signature: _

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

10 AUG 23 AM 9: 33

SECREDARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Colonial Funeral Home 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 2005 S 4th Ave, Pocatello, Id 83201 Colonial Funeral Homes, Inc. 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities ✓ Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Manufacturing Mining **Assumed Business** J Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Jared Clinger Boise ID 83720-0080 2005 S 4th Ave 208 334-2301 Pocatello, ID 83201 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only びい Signature: Printed Name: __dered Clinger

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IDAHO SECRETARY OF STATE 08/23/2010 05:00 CK: 4123 CT: 249873 BH: 1235988 1 @ 25.00 = 25.00 ASSUM MAME # 2