

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILLD EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

OL. STANE OF IDAHO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
Har The	Meadow Storage
<ol><li>The true name(s) and business address(es) business under the assumed business name</li></ol>	of the entity or individual(s) doing
Name	Complete Address
Jett Harriman	O. Box 538 St. Maries, Id 83861
Marty Harriman	P.O. Box 538 St. Maries, Td 83861
3. The general type of business transacted under	er the assumed business name is:
_	and Public Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Mendow Storage Jeff Emarty Harri	Basement West PO Box 83720
P.O. Box 538 St. Maries, Id 83861	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
oopy to (it other than #4 above).	(208) 245-6806
	Secretary of State use only
ignature. (signature required)	SOSCAND DESKARS  ECOSCAND DESKARS  ECOSCAND DESKARS  EDAHO SECRETARY OF STATE
rinted Name: Jeff Harriman	Revised O4/2003
apacity/Title: President	IDAHO SECRETARY OF STATE