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.

Please type or print legibly.

STATE OF WAHO

NOTE: See instructions on reverse before ming. The assumed business name which the undersigned use(s) in the transaction of	
The assumed business name which the und business is:	lersigned dse(s) in the transaction of
C.R.S.	
2. The true name(s) and business address(es) business under the assumed business nam Name) of the entity or individual(s) doing e: Complete Address
IAOUIC	P.O. Box 127, Cocolaila, ID 83813 (Mailing)
Landmark Recovery Services Inc	45 Tomahawk Trail, Cocolalla, ID 83813 (Physical)
C158626	
3. The general type of business transacted un	der the assumed business name is:
	and Public Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	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 Basement West
Ronald d. Muskopf	PO Box 83720 Boise ID 83720-0080
C.R.S.	208 334-2301
P.O. Box 127, Cocolalia, ID 83813	
5. Name and address for this acknowledgme	ent Phone number (optional):
CODY IS (if other than # 4 above):	208-265-4404
	Secretary of State use only
nature: (signature required) Ronald D. Muskopf	IDAHO SECRETARY OF STATE 12/28/2006 95-96
illed Name.	New years and the second secon
pacity/Title: President/Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/28/2006 05:06 CK: 1003926 CT: 172099 BH: 102)

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