(see instruction # 8 on back of form)

119309



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned FEB 22 AM 8: 42 submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO Please type or print legibly. NOTE: See instructions on reverse before filing.

Strathaven Books	
The true name(s) and business address(e business under the assumed business name and the second	me:
Name Linda P. Sandifer	Complete Address P.O. Box 32, Iona, ID 83427
3. The general type of business transacted u	nder the assumed business name is:
X Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Strathaven Books P.O. Box 32 Iona, ID 83427	Submit Certificate of Assumed Business
 Name and address for this acknowledgme copy is (if other than # 4 above): Linda P. Sandtfer 	ent Phone number (optional):
1162 Bone Rd.	Secretary of State use only
Iona, ID 83427	99
gnature Links P. Sandifer	IDAHO SECRETARY OF STATE ### ### ### ### ### #### ###########
inted Name: # Linda P. Sand; fer	IDAHO SECRETARY OF STATE ##################################
apacity/Title:0wner	02/22/2008 05:00 CX: 2233 CT: 222830 BH: 118076