

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Codo, the understand

submits for filing a certificate of Assumed Busi Please type or print legibly. NOTE: See instructions on reverse before	iness Name. SECSON A STATE
The assumed business name which the undersigned use(s) in the transaction of business is: Skichards Forestry Management	
2. The true name(s) and business address(es) or business under the assumed business name: Name John S Richards 14	
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tohn S Richards 1460 E. Woodstone Dr Hayden Lake, TO 93835	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: SRichards Printed Name: Tohn S Richards Capacity/Title: Owner (see instruction # 8 on back of form)	Phone number (optional): Secretary of State use only IDAHO SECRETARY OF STATE 25/04/2007 05:00 CK: 9878 CT: 158016 BH: 1051805 1 @ 25.06 = 25.00 ASSUM NAME # 2