

Capacity/Title:_

OWNER

(see instruction # 8 on back of form)

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.

08 NOV 14 AM 8: 33
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(est business under the assumed business name Name HOLLY L. CORMELL	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: SAME AS ABOVE	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above): SAME AS ABOVE	Secretary of State use only

IDAHO SECRETARY OF STATE
11/14/2008 05:00
CK: 170723 CT: 172099 BH: 1144475
1 0 25.00 = 25.00 ASSUM MANE 0 2

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