



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2007 JUL 19 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

COOPER ENTERPRISES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

JEREMY P. COOPER

27406 N. SKID RD., ATHOL, ID 83801

ERIN K. COOPER

27406 N. SKID RD., ATHOL, ID 83801

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

ERIN COOPER

27406 N. SKID RD.

ATHOL, ID 83801

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Phone number (optional):

Signature:

Erin K. Cooper
(signature required)

Printed Name:

Erin K. Cooper

Capacity/Title:

owner/operator

(see instruction # 8 on back of form)

Secretary of State use only

g:\compliance\form\assum_name.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
07/19/2007 05:00
CK: 2854 CT: 158010 BH: 1066326
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 113436