	FILE.
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na Please type or print legibly. NOTE: See Instructions on reverse before filing.	
1. The assumed business name which the undersigned business is:	
The true name(s) and business address(es) of the e business under the assumed business name: Name ED_DONALDSON_//00-A	Complete Address
 3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 	
4. The name and address to which future correspondence should be addressed: E. DONALDSON <u>1100-A N. DAHLIA UIAY</u> <u>Post Falls</u> , ID <u>B3854</u>	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
Signature: <u>EA</u> <u>(eignature required)</u> Printed Name: <u>ED</u> <u>DONALD30A1</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 106-/1.3/2007 102-11 103-11 103-11 103-11 103-11 103-11