

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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.

1. The assumed business name which the undersign business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Suellen K. Bicknell P.O. B.	entity or individual(s) doing Complete Address OX 1415 BANCE Feny ID83805
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Scellen K. Bicknell P.O. Barifis Bonners Ferry, TD 83805	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):
ignature: (signature required) rinted Name: Suellon & Bicknell	Secretary of State use only IDANG SECRETARY OF STATE 01/21/2603 05:00

IDANG SECRETARY OF STATE
01/21/2003 05:00
CK: 1078 CT: 158010 BH: 657989
1 2 20.00 = 20.00 ASSUM NAME # 2

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