CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

DATE THE SHOPE

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	ore filing. SECRETARY OF STATE OF THE STATE
. The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
The Law Office	e of Erika B. Grubbs
. The true name(s) and business address(e. business under the assumed business nar	me:
Name	Complete Address
Erika Beth Grubbs	525 Cedar Street, Wallace, Idaho 83873
 ∴ The general type of business transacted u ☐ Retail Trade ☐ Transportatio ☐ Wholesale Trade ☐ Construction ☑ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Erika B. Grubbs	PO Box 83720
11208 Coeur d'Alene River Road	Boise ID 83720-0080
Kingston, ID 83839	208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above): 	Phone number (optional): 208 682 9151
	Secretary of State use only

COPY IS (if other than # 4 above).		
9/3/11		
Signature: (Supplementary)		
Printed Name: Enka B Grubbs		
Capacity/Title: Oune-		
(see instruction # 8 on back of form)		

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IDAHO SECRETARY OF STATE 45/14/2007 05:00 CK: 874 CT: 158010 BH: 1053148 1 0 25.00 = 25.00 ASSUM NAME # 2