

Signature: __

Printed Name: Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE

12 JAN -5 AM 9: 21

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Way Ou	ut West Realty
2. The true name(s) and <u>business</u> address(e business under the assumed business na	ame:
<u>Name</u>	Complete Address
Hether LS Lambson	Po Box 710 Challis, Idaho 83226
	510 N Hwy 93 Challis, Idaho 83226
3. The general type of business transacted	under the assumed business name is:
	on and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estat	Assumed Business te Name and \$25,00 fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 450 North 4th Street
Way Out West Realty	PO Box 83720
PO Box 710	Boise ID 83720-0080
Challis, Idaho 83226	208 334-2301
5. Name and address for this acknowledgme	ent
CODY iS (if other than # 4 above).	
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	Secretary of State use only
gnature: Allen & Cranbson	Secretary of State use only
gnature: Hether LS Lambson	Secretary of State use only

IDAHO SECRETARY OF STATE @1/05/2012 @5:00 CX: 181 CT: 265645 BH: 1384688 @ 25.00 = 25.00 ASSUM MANE 8 2