

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 JAN 25 AM 8: 53

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

SECRETARY OF STATE
STATE OF IDAHO

1.	The assumed business name which the ur business is: Shoshone Hon			
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name Baskett's Saw And Cycle, Inc (C45283)	lress(es) of the entity or individual(s) doing		
3.	The general type of business transacted u ✓ Retail Trade ☐ Transportatio ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	n and Pub		
4.	The name and address to which future correspondence should be addressed: Glen L Nickerson PO Box 830 Pinehurst, ID 83850	:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
Signa	ature: Alex & Ind	•	Secretary of State use only	
Printe	ed Name: Glen L Nickerson			
	city/Title:_President	ĺ	TRAID CEORETARY OF OTATE	
Signature:			IDAHO SECRETARY OF STATE @1/25/2012 @5:00 CK: 14448342869 CT: 266311 BH: 1387722 1 0 25.00 = 25.00 ASSUM NAME # 2	
•	Printed Name:			

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