

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

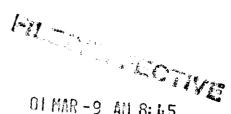
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

Dapacity: Co-Owner & Co-Presider

(see instruction # 8 on back of form)

Co-Owner of Co-President



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2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Clearwater Connections, Onc.	the entity or individual(s) doing  Complete Address  C \33241
P.O. BOX 447 Kooskia ID 83539	
3. The general type of business transacted under	the assumed business name is:
<ul> <li>☒ Retail Trade</li> <li>☒ Wholesale Trade</li> <li>☒ Construction</li> </ul>	•
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Clearwater Connections, Onc.  P.O. Box 447  Kooskia ID 83539	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	Phone number (optional):  208-926->8>5
	Secretary of State use only
nted Name: Karen Borg Hendrickson	IDAHO SECRETARY OF STATE  03/09/2001 09:00  CK: 1188 CT: 128827 BH: 383737

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