

## CERTIFICATE OF ASSUMED BUSINESS NAME

09 AUG -6 AM 8: 33

FILED SESECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the und business is:      CHEGORY TNVESTME		
2. The true name(s) and business address(es) business under the assumed business name Name  WILLIAM R. GREGORY  DIANA K. GREGORY		Complete Address
The general type of business transacted unc	ler the a	assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  P.O. Bok 2657 SANDPOINT TD. 83864		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):  \( \sum \iff \infty \)	nt .	Recording of State area only
Signature: William Signature (signature repaired)  Printed Name: WILLIAM GREGORY  Capacity/Title: OWNER  (see Instruction # 8 on back of form)	g:/corp/forms/ebn forms/ebn.p65 Revised 04/2003	IDAHO SECRETARY OF STATE  08/06/2009 05:00  CK: 822 CT: 158816 BH: 1181752  1 9 25.96 = 25.98 ASSUM NAME # 2

D132679