CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A			ndersigned ss Name. 36	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	DR INK				
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Datson J. Orgill	33	Complete Address 339 Collins Str Blackbot-ID		
	RAE LYNN ORGILL	1	SAME		
3.	The general type of business transacted u	ınder	the assume	ed business name is:	
	Retail Trade	•		portation and Public Utilities ce, Insurance, and Real Estate g	
4.	Phone number (optional): (2º8) 785 - 0210 correspondence should be addressed:				
	DOISON ORGIN DR INK	-	_ ·	Submit Certificate of Assumed Business	
	334 COLLINS Ste			Name and \$20.00 fee to:	
	Blackfoot-ID 83221			Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent		Basement West PO Box 83720	
-	1 Dotson Orgill			Boise ID 83720-0080 208 334-2301	
	339 COLOINS STR			Secretary of State use only	
7-12-1	Blackfoot - Idaho 83221.	Revision 1/98		DANO SECRETARY OF STATE 5/05/1999 09:00	
Signature:		Rew	CK:	1001 CT: 115041 DH: 213743	
Printed Name: Dotson J ORgill		pu.p65	1.5	28.88 = 28.88 ASSUM NAME # 2	
Capaci	(see instruction # 8 on back of form)	rptforms\abn.p65		D 25711	

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