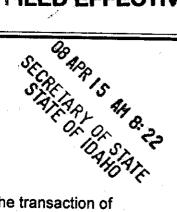


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The true name(s) and business address(es) of business under the assumed business name:	
	the entity or individual(s) doing
Name Chris Wikoff	Complete Address 262 Eld Ln
	Donnelly Id 83615
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction	
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Chris Wikoff	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P.O. Box 2894	(208) 334-2301
McCall ID 83638	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nted Name:	8
nted Name: Chris Wikoff	IDAHO SECRETARY OF STATE 94/15/2008 05:00 CK: 990 CT: 224333 RH: 11180
2	# 04/15/2008 05:00 CK: 999 CT: 224933 BH: 11188

D 120917