

FILED EFFECTIVE



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.

09 MAY -1 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Sandpoint Highschool Class of 1969

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Corrine D. Cookman

187 Remi Rd, Sagle, Id 83860

Marcia L. Vanderford

561 Lakeview Dr. Sagle, Id 83860

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Corrine D. Cookman

187 Remi Rd

Sagle, Id 83860

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature:

Corrine D. Cookman
(signature required)

Printed Name:

Corrine D. Cookman

Capacity/Title:

Secretary

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
05/01/2009 05:00
CR: 6169 CT: 236676 BH: 1168558
1 @ 25.00 = 25.00 ASSUM NAME # 2

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