

## CERTIFICATE OF FILE ASSUMED BUSINESS NAME

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

2013 OCT -4 AM 8: 51

## Please type or print legibly. Instructions are included on back of application.

SECRETAMY OF STATE STATE OF IDAHO

Wisdom Garden Books  2. The true name(s) and <u>business</u> address(es business under the assumed business name)  Name	ne:
Ana L Reed	Complete Address
Paula L Reed	P.O. Box 366, Priest River, Idaho 83856 P.O. Box 366, Priest River, Idaho 83856
3. The general type of business transacted un 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:  Ken Reed P.O. Box 366  Priest River, Idaho 83856  5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Au Lago	Secretary of State use only
Printed Name: Ana L Reed	
Capacity/Title: Manager	VALUE OF OPERADY OF DEATE
signature: Naul Jyna (lot)	IDAHO SECRETARY OF STATE  10/04/2013 05:00  CK: 21858288986 CT: 158818 BH: 1392831
rinted Name: Paula L Reed	1 0 25.00 = 25.00 ASSUM MAME # 2
Capacity/Title: Manager	D166198