CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) FCCTIVE To the SECRETARY OF STATE, STATE OF IDAHO OF AUGUSTA AND OF	
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name STATE	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
Sychra Inde	xing
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Katherine J. Sychra	Complete Address P.O. Box 246 Blanchard, Idaho 83804-0246
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): (208) 437-066 / correspondence should be addressed:	
Katherine J. Sychra P.O. Box 246	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Blanchard, ID 83804-0 5. Name and address for this acknowledgm	700 West Jefferson
COpy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
· · · · · · · · · · · · · · · · · · ·	Secretary of State use only
	Revision 12/89
Signature: Katherine J. Sychra Printed Name: Katherine J. Sychra	IDAHO SECRETARY OF STATE

Capacity: Sole proprietor

(see Instruction # 8 on back of form)

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