

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

118239

08 JAN 14 AM 9: 44

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	WE Property
The true name(s) and business addres business under the assumed business Name Doug Webb Earl Engelmann	
Retail Trade Transporta	d under the assumed business name is:
 Wholesale Trade	Submit Certificate of Assumed Business
correspondence should be addressed: WE Property	450 N 4th Street PO Box 83720 Boise ID 83720-0080
PO Box 781, Ketchum, ID 83340	(208) 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	gment
	Secretary of State use only
ature:	- Section 100 SECRETARY OF STATE 100 SECRETARY OF SEC
ed Name: EARL ENGELMANT	IDAHO SECRETARY OF STATE OLIVINA DESCRIPTION OF STATE OLIVINA DESCRIPTION OF STATE OLIVINA DESCRIPTION OF STATE OLIVINA DESCRIPTION DESCRIPTION OLIVINA DESCRIPTION OL