CERTIFICATE OF ASSUMED BUSINESS TAMED (Please type or print legibly. See instructions on reverse.)



| To the SECRETARY OF STATE, STATE OF IDAHO 98 JUN 11 AM 8: 24 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. UF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: | |
|--|--|
| | |
| The true name(s) and business address(es business under the assumed business name. |) of the entity or individual(s) doing ne is/are: Complete Address |
| Name SHOLDON L KNAPP | PO Box 803 |
| | CHR/ IS, ID 83026 |
| · | |
| 3. The general type of business transacted ur (mark only those that apply) | nder the assumed business name is: |
| ☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining Phone number (optional): \$79-2753 |
| The name and address to which future P correspondence should be addressed: | Hone Hamber (epasse) |
| PS. Roy 203 | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| CHALIS ID 89226 | Secretary of State 700 West Jefferson |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above). | nt Basement West P○ Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only INCHO SECRETARY OF STATE |
| | § 06/11/1998 09:00 |
| Signature: Skolden Langue | CK: 182 CT: 99923 BH: 118685 |
| Printed Name: SIGCON CKUAPO | |
| Capacity: SUNSR | gud ognewo DI S774 |

(see instruction # 8 on back of form)