

## CERTIFICATE OF FILED EFFECTIVE

ASSUMED BUSINESS NAME, DV 18 AM 9: 15 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before filing. STATE OF IDAHO

The assumed business name which the undersignation business is:  RICHARD COWELL TA	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  RICHARD COWFUL T  B	Complete Address  413 Hwy 95  conners Forry, ID 83805
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  RICHARD COMECTACTICAL POBOX TEST 899  Bonners Ferry ID 83805	
5. Name and address for this acknowledgment copy is (Follor than # 4 above):  SAME	Phone number (optional): 208 267 355 8096
	Secretary of State use only
Signature: Christina Covell  Printed Name: Christina Covell  Capacity/Title: Operations Manager  (see instruction # 8 on back of form)	FOR DEPOSIT ONLY TO THE  FOR DEPOSIT ONLY TO THE  FOR DEPOSIT ONLY TO THE  FOR DEPOSIT ONLY TO THE