

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME DEC 23 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Please type or print legibly. NOTE: See instructions on reverse before fili	STATE OF HUMBO
The assumed business name which the undersign business is:	gned use(s) in the transaction of
AMERICAN ARBORIS	T ASSOCIATION
The true name(s) and business address(es) of the business under the assumed business name:     Name	e entity or individual(s) doing  Complete Address
KEVIN MCKINLEY P	2.0. Bex 341
	otlatch, ID 83855
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:    Kevin McKinley Potlatch, ID 83855	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above);</li> </ol>	Phone number (optional):
	Secretary of State use only
ignature: Kevin McKinler	N52841

IDAHO SECRETARY OF STATE
12/23/2004 05:00
CK: 166 CT: 158010 BH: 783211
1 0 25.00 = 25.00 ASSUM NAME # 2