



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

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

2007-MAY 24 AM 8:53

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Pen Press

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Claudia N Johnston	PO Box 321, Parma, ID 83660-0321
Roseann Morgan	POBox 232, Durkee, OR 97905-0232

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Claudia N Johnston  
PO Box 321  
Parma ID 83660-0321

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):  
208-722-7722

Signature: Claudia N Johnston  
(signature required)  
Printed Name: Claudia N Johnston  
Capacity/Title: Partner/Publisher

(see instruction # 8 on back of form)

g:corpformstate:065  
Revised 04/2003

0111716  
IDaho SECRETARY OF STATE  
05/24/2007 05:00  
CK: 11098791606 CT: 158010 BH: 1055616  
1 e 25.00 = 25.00 ASSUM NAME # 2