

## **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 129 NA 9: 17

Please type or print legibly. Instructions are included on back of application

<ol> <li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
<u>Name</u>	Complete Address
Oakenshield Inc.	104 S. Moyie St
(C116169)	Post Falls ID 83854
	ted under the assumed business name is:
Wholesale Trade Constru	iction
☐ Services ☐ Agricult	ure Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real E	State Name and \$25.00 fee to:
4. The name and address to which future	Occidary of Otato
correspondence should be addressed	
7900 Franklin St	PO Box 83720 Boise ID 83720-0080
Coeur d'Alene Idaho 83815	208 334-2301
Idano 63613	
5. Name and address for this acknowled	dgment
COPy is (if other than # 4 above).	
gnature: Levis. Dol	Secretary of State use only

10/29/2012 05:00 CK: 1350 CT: 275716 BH: 1345556 1 0 25.00 = 25.00 ASSUM NAME # 2

D158970

Printed Name:

Capacity/Title: Vice President

Thomas Olphie