



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED
RECEIVED
12 DEC 12 AM 9:06
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

FILER REVIEW

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

Name

CAROL BALLARD

Complete Address

P.O. Box 30/227 6th St.
FILER, IDAHO - 83328

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

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

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

CAROL BALLARD
P.O. Box 30
FILER, IDAHO - 83328

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

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

Phone number (optional):

2081-326-3164

Secretary of State use only

Signature: Carol Ballard
(signature required)

Printed Name: CAROL BALLARD

Capacity/Title: EDITOR of Monthly Newsletter

(see instruction # 8 on back of form)

9-10010000000000000000000000000000
Form 53-504
Revised 04/2003

12/12/2003 05:00
IDaho SECRETARY OF STATE
CK: 101 CT: 150010 BH: 716401
10 25.00 = 25.00 ASSUM NAME # 2

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