

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2006 JAN 19 AM 9:48

FILEDEFECTIVE

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

SECRETARY OF STATE STATE OF IDAMO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

<ol> <li>The assumed business name which the under business is:</li> </ol>	ersigned use(s) in the transaction of
DAHO RIVERS SH	WHIE SERVICE
2. The true name(s) and business address(es) business under the assumed business name  Name  JOHA COLLIES	of the entity or individual(s) doing e: Complete Address <u>PO Box ( WHITE BIRD 10 8</u> 3554
3. The general type of business transacted und	er the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction	and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  \[ \frac{\omega_H/\tau_B}{BOX} \frac{\omega_D}{BOX} \fraco	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):  208-839-2308
	Secretary of State use only
Signature Ole (signature required)	IDAHO SECRETARY OF STATE  91/19/2006 05:00  CK: 1652 CT: 158810 RH: 932875
Printed Name: JOHN COLLINS  Capacity/Title: OWN FIR	IDAHO SECRETARY OF STATE 91/19/2006 05:00
(see instruction # 8 on back of form)	CK: 1652 CT: 158010 BH: 932875 1 8 25.00 = 25.00 ASSUM NAME # 2