

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2006 NOV 24 AM 8: 48

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

God's Corner	
The true name(s) and business address(es) of business under the assumed business name:	
Name	Complete Address
<u>Kimberlee A. Stone</u>	126 West Main
Frank C. Stone	Grangeville, Idaho
	83530
The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction	er the assumed business name is: and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Kimberlee A. Stone	PO Box 83720
846 Crustal View Road	Boise ID 83720-0080
	1530 208 334-2301
5. Name and address for this acknowledgmen	Phone number (optional):
COPY is (if other than # 4 above):	•
, , , , , , , , , , , , , , , , , , , ,	(208) 983·1752
	Secretary of State use only
	599

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IDAHO SECRETARY OF STATE
11/24/2006 05:00
CK: 185116607 CT: 158010 RH: 1015188
1 0 25.00 = 25.00 ASSUM NAME # 2