

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



CALICO PUB	LISHING
2. The true name(s) and business address(es) or business under the assumed business name:  Name	f the entity or individual(s) doing  Complete Address PO BOX 531 CLARK FORK, ID 83811
ROBERT L. HOSKINS	PO BOX 531 CLARK FORK, ID 83811
FREDA A. HOSKINS	PO BOX 551 CLARKT ORK, ID 66611
The general type of business transacted under	er the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction ☑ 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:  CALICO PUBLISHING  PO BOX 631  CLARK FORK, ID 83811	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):  SAME	Phone number (optional):  (208) 266-1568
SAIVIL	Secretary of State use only
	046549
gnature: Freda A. Hoslim	IDAHO SECRETARY OF ST.  ### SECRETARY OF ST.
rinted Name: FREDA A. HOSKINS	IDAHO SECRETARY OF SIT 96/23/2003 95 CK: 1736 CT: 158010 BH: 1 8 25.90 = 25.98 ASSUM
apacity/Title: OWNER/PUBLISHER	1 6 25.90 = 25.98 ASSU