

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.



2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Dani R Callinan 1690 Rock Creek Road		
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The general type of business transacted und	ei uie 8	Southed Dubiness Hattle 15.
✓ Retail Trade ☐ Transportation a	and Pub	olic Utilities
Wholesale Trade Construction	j	
Services Agriculture		Submit Certificate of
Manufacturing Mining		Assumed Business
Finance, Insurance, and Real Estate	·	Name and \$25.00 fee to:
The name and address to which future		Idaho Secretary of State
correspondence should be addressed:		450 N 4th Street PO Box 83720
Dani Callihan		Boise ID 83720-0080
PO Box 546		(208) 334-2301
Potlatch, ID 83855		
P. Name and address for this paterness of the second	~	en e
Name and address for this acknowledgmen copy is (if other than #4 above).	I L	
COPY TO the other man we above).		
		Secretary of State use only
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ted Name: Dani R Callihan	debn R	
teu Haire.	F F	IDAHO SECRETARY OF STATE 10/09/2007 05:0
acity/Title: Owner		

Phone - 208 875-0393