

CERTIFICATE OF ASSUMED BUSINESS NAME

2014 DEC 24 AM 8: 36

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

SECTION OF STATE

Please type or print legibly. Instructions are included on back of application.

business is: Blackwell The true person (a) and business address (
The true name(s) and <u>business</u> address(business under the assumed business na <u>Name</u> William Lee	•
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
I. The name and address to which future correspondence should be addressed: William R Lee DBA Blackwell 540 E Third S	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Oldtown, ID 83822 Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
nature:	- - -
nature: nted Name: pacity/Title:	- IDAHO SECRETARY OF STATE 12/24/2014 05:00 CK:1126 CT:304443 BH:14542 16 25:00 = 25:00 ASSUM NAME

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