

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2012 DEC 28 PM 1: 57

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

SECRETARY OF STATE STATE OF IDAHO

O That a same (1)	
2. The true name(s) and <u>business</u> address business under the assumed business Name  Charles Atkinson  Dorothy Atkinson	ss(es) of the entity or individual(s) doing name:  Complete Address  20093 Purple Sage Rd.  Caldwell Id. 83607
3. The general type of business transactors.  Retail Trade Transpor  Wholesale Trade Construct	ation and Public Utilities
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed same	Jecretary of State
5. Name and address for this acknowled copy is (if other than #4 above):	gment
gnature:	Secretary of State use only
inted Name: Charles Atkinson	_
apacity/Title:	_
gnature:	-
rinted Name: Dorothy Atkinson apacity/Title: owner	— IDAHO SECRETARY OF STATE 12/28/2012 05:00

abn.pmd Rev. 07/2010

CK: 1356 CT: 277650 BH: 1353317 1 9 25.00 = 25.00 ASSUM NAME # 2

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