FILED EFFECTIVE

Capacity/Title:

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly. Instructions are included on back of application.	
 The assumed business name which the u business is: 	indersigned use(s) in the transaction of
Pinehurst HICO	
2. The true name(s) and <u>business</u> address(e business under the assumed business na Name Coleman Oil Company C52227	es) of the entity or individual(s) doing time: <u>Complete Address</u> 335 Mill Road Lewiston, ID 83501
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of
4. The name and address to which future correspondence should be addressed: Coleman Oil Company PO Box 1308 Lewiston, ID 83501	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): Column Cil Company 103 E Summit Ave Column of Alene ID \$3819	
Signature: Lettre Otte 1-6-14	′
Printed Name: Kathie Otte	
Capacity/Title: Executive Assistant	
Signature:	
Printed Name:	THE PERSON OF STATE

IDANO SECRETARY OF STATE

1/06/2014 05:00

CK: 1662076 CT: 172099 BH: 1484598
1 8 25.00 = 25.00 ASSUM NAME # 4

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