

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 OCT -7 AM 9: 01

Please type or print legibly.

Instructions are Included on back of application.

SECRETARY OF STATE

STATE OF IDAHO

Earth Wise	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> W. Gail Bolin	
The general type of business transacted Retail Trade Transporta Wholesale Trade Construction	ation and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: W. Gail Bolin	Secretary of State 450 North 4th Street PO Box 83720
PO Box 812 Sagle, ID 83860	Boise ID 83720-0080 _ 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
ature: N. Laid Bolin	_
ed Name: W. Gail Bolin	_
acity/Title: Owner nature:	-
ted Name:	_

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
10/07/2011 05:00
CK: 3814 CT: 158010 BH: 1293447
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