

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

FILED EFFECTIVE

2013 MAY -9 PM 4: 47

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is:	
The true name(s) and <u>business</u> address business under the assumed business Name Name Joshua Sherven Tracy Truesdell	ess(es) of the entity or individual(s) doing ss name: Complete Address PO Box 483 Bonners Ferry, ID 83805 PO Box 483 Bonners Ferry, ID 83805
	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed Donna Wilson-Funkhouser PO Box 1521 Bonners Ferry, ID 83805	
 Name and address for this acknowled copy is (# other than #4 above). Donna Wilson-Funkhouser PO Box 1521 Bonners Ferry, ID 83805 	gment
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