

Capacity/Title: Owner

Capacity/Title: Owner

Name:

Elizabeth

Vogel

abn.pmd Rev. 07/2010

Signature:

Printed

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.

2013 MAR 19 AM 8:58

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

une true name(s) and <u>business</u> address(es, business under the assumed business nam	of the entity or individual(s) doing
Name	e. <u>Complete Address</u>
Dexter J. Vogel	1204 River Rd., PO Box 601, Clark Fork, ID 83811
Elizabeth A. Vogel	1204 River Rd., PO Box 601, Clark Fork, ID 83811
The general type of business transacted un	
	and Public Utilities
	Particular 1
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
	Name and \$20.00 led to.
The name and address to which future correspondence should be addressed:	Secretary of State
Dexter & Elizabeth Vogel	450 North 4th Street PO Box 83720
P.O. Box 601, Clark Fork, ID 83811	Boise ID 83720-0080
	208 334-2301
Name and address for this acknowledgmen	nt
CODY IS (if other than # 4 above):	it.
Copy to thomas than a value of	

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IDAHO SECRETARY OF STATE

03/19/2013 05:00

CK: 1057 CT: 115705 BH: 1365280
1 8 25.00 = 25.00 ASSUM NAME # 2