Signature:_

Capacity:

Printed Name:

OWNER

(see instruction # 5 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO



The assumed business name wi	which the undersigned use(s) in the transaction of STATE OF IDAHO STATE OF IDAHO FILE F
The true name(s) and business business under the assumed bu	address(es) of the entity or individual(s) doing usiness name is/are:
R. L. LA VELLE	
The general type of business tra (mark only those that apply)	ransacted under the assumed business name is:
Wholesale Trade A	Manufacturing Transportation and Public Utilities Igriculture Finance, Insurance, and Real Est Construction Mining
The name and address to which	ch future Phone number (optional): 208-334-313
correspondence should be add	gressed.
Same as abo	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this ack copy is (f other than # 4 above): Same as above	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720

IDAHO SECRETARY OF STATE

12/04/1997 09:00 CK: 6196 CT: 98644 BH: 68596

1 0 20.00 = 20.00 ASSUM NAME

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