Capacity/Title: Limited Liabili

(see Instruction #8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned EB 14 AM 9: 11

Pursuant to Section 53-504, Idano Code, the discussion State Section 53-504, Idano Code, the discussion State of State of Assumed Business Name SECRETARY OF STATE Please type or print legibly.

STATE OF IDAHO NOTE: See instructions on reverse before filing.

business under the assumed business	ss(es) of the entity or individual(s) doing
Name	Complete Address
Peter K Forsman	_ 425 5th Ave
	Lewiston ID
	83501
☐ Services ☐ Agricultu ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Es	Assumed Business
Finance, Insurance, and Real Es	state Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	
Λ	Basement West
Peter K Forsman	PO Box 83720 Boise ID 83720-0080
425 8h fre hewiston IO	208 334-2301
83501	
5. Name and address for this acknowled	dgment Phone number (optional):
CODY IS (if other than # 4 above).	511-410-2783

IDAHO SECRETARY OF STATE

02/14/2008 05:00

CK: 878752841 CT: 158818 BH: 1899577

1 8 25.88 = 25.88 ASSUM NAME # 2

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