

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

98 MAY 19 1970
SECRETARY OF STATE
STATE OF IDAHO



1. The assumed business name which the undersigned use(s) in the transaction of business is:

SANDY'S FLAGGING SERVICE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

Retail Trade Manufacturing Transportation and Public Utilities
 Wholesale Trade Agriculture Finance, Insurance, and Real Estate
 Services Construction Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 884-4126

Sandra K. Holveosen
3692 Harborpoint Dr.
Medicine, Id 836012

**Submit Certificate of
Assumed Business
Name and \$20.00 fee to:**

**Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301**

5. Name and address for this acknowledgment
copy is (if other than # 4 above):

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Signature: John H. Haworth

Printed Name: SARVRAK HALVORSEN

Capacity: Sandra K. Peterson

(see instruction # 8 on back of form)

Secretary of State use only
IDaho SECRETARY OF STATE
05/18/1998 09:00
OK: none CT: 36501 SH: 111756
1 p 28.00 = 28.00 ASSUM NAME

① 15047