

Capacity/Title: ___ CWnc1

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2005 HIN 27 TO 13

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Name RA Tammy E. Olson Ka	Complete Address 2 1 Bix 28 A - 1214 Complete Note
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Westfield Studios RR I BOX 28 A - 12 14 Kamiah 10 83536	
5. Name and address for this acknowledgment copy is (if other than # 4 above): Sterling Savings Bank Po Box A Kooskia ID, 93539 Signature: (signature required) Printed Name: Wes P. C. Scy	Phone number (optional): Secretary of State use only IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 06/27/2005 05:00 CK: 1785 CT: 158810 RH: 818344 1 8 25.80 = 25.80 ASSUM NAME # 2

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