

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

09 00T 26 AM 8: 55

SECRETARY OF STATE STATE OF IDAHO

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

· · · · · · · · · · · · · · · · · · ·	Wakieta Mercantik	3		
The true name(s) and business address under the assumed busines Name	ss name:	Complete Address		
Lynda K. Taylor		4956 Old Priest River Road, Oldtown, Idaho 83822		
	P.:	O. Box 3561, Oldtown, Idaho 83822		
3. The general type of business transaction				
	ortation and Pu	blic Utilities		
 Wholesale Trade Construction Services Manufacturing Mining Finance, Insurance, and Real 	lture	Submit Certificate of Assumed Business Name and \$25.00 fee to:		
The name and address to which futu correspondence should be addresse Lynda K. Taylor	ire	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080		
P.O. Box 3561		(208) 334-2301	1	
Oldtown, Idaho 83822			j	
5. Name and address for this acknowledge Copy is (if other than #4 above):	edgment			
		Secretary of State use only		
gnature: Dynder law los	gricorpitormalatin formstatin, p96 Revised D42003			
inted Name: Lunda K. Taylor	tormakabn form		<u>.</u>	

CK: 1500 CT: 150010 BH: 11923/9 1 0 25.00 = 25.00 ASSUM NAME 0 2

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