

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

11 SEP -6 AM 9:05

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

TOM DAILEY ACCOUTING

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

Name

Complete Address

KING POPEPHILLIPS OAKES & CO. PLLC

1710 OVERLAND AVE BURLEY ID 83318

W54003

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

KING POPE PHILLIPS OAKES & CO
PO BOX 608
BURLEY ID 83318

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

DL EVANS BANK ATTN: CORINNA
318 S ONEIDA
RUPET ID 83350

Signature: 

Printed Name: ROBERT T OAKES

Capacity/Title: MEMBER/PARTNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

0149927

IDAHO SECRETARY OF STATE
09/07/2011 05:00
CK: 98489577 CT: 69611 BH: 1289356
1 @ 25.00 = 25.00 ASSUM NAME # 2