CERTIFICATE OF	
	NAME ORSEP 17 IN A LA
Pursuant to Section 53-504, Idaho Code, th	ne undersigned Business Name. SECRETARY OF STATE STATE OF IDAHO
submits for filing a certificate of Assumed B	STATE OF IDAHO
Please type or print legibly. NOTE: See instructions on reverse befo	
1. The assumed business name which the une	dersigned use(s) in the transaction of
business is:	
BEACHT	
2. The true name(s) and business address(es	s) of the entity or individual(s) doing
business under the assumed business nan	ne:
Name	Complete Address 2340 PARKER CANYON ROAD
DANIEL BEACHY	
	BONNERS FERRY, ID 83805
3. The general type of business transacted u	nder the assumed business name is:
	on and Public Utilities
Wholesale Trade ✓ Construction Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
	Basement West PO Box 83720
Same	Boise ID 83720-0080
	- 208 334-2301
	- Phone number (optional):
5. Name and address for this acknowledge	nent Phone number (optional).
COPY IS (if other than # 4 above):	
STOCKTON BUSINESS SERVICES	Secretary of State use only
PO BOX 3084	- Secretary of State use only
BONNERS FERRY, ID 83805	- 99
Signature: Damp Barty	- 50 - 1000 - 1000
Printed Name: DANIEL W. BEACHY	- (5) 5) 5) 5) 5) 5) 5) 5) 5) 5)
	CK: 7049 CT: 229798 BH: 113624
Capacity/Title: OWNER (see instruction # 8 on back of form)	
	W 124902