

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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. Seat JUL 18 Act 9: 16

Hag	adone Newspap	pers
2. The true name(s) and business addre business under the assumed business Name The Hagadone Corporation	s name:	entity or individual(s) doing Complete Address D. Box 6200, Coeur d'Alene, ID 83816
3. The general type of business transact Retail Trade Transpor Wholesale Trade Construct	tation and Pu	
Services Agricultu Manufacturing Mining Finance, Insurance, and Real E	ure state	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed The Hagadone Corporation 		Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O. Box 6200 Coeur d'Alene, ID 83816		Boise ID 83720-0080 208 334-2301
Name and address for this acknowle copy is (if other than # 4 above).	dgment	Phone number (optional): (208) 667-3431
		Secretary of State use only
gnature: (signature required) John R. Barlow	g:\corpVomstebn forms\abn.p65	0112495
rinted Name: John R. Barlow apacity/Title: Secretary	np/forms/k Revised	IDAHO SECRETARY OF STATE @6/19/2007 @5:0
(see instruction # 8 on back of form)	×	CK: 10890 CT: 158010 BH: 106 1 8 25.00 = 25.00 ASSUM NAM