



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR -2 AM 11:09

SECRETARY OF STATE
STATE OF IDAHO

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

Shane Erickson Colon Cancer Foundation

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

William S Thomas 132 McCulloch DR., West Magic, ID 83352

(Name) (Address)

Vickie L Thomas 132 McCulloch DR., West Magic, ID 83352

(Name) (Address)

Shane R Erickson 104 Cagle DR., West Magic, ID 83352

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Shane Erickson Colon Cancer Foundation

(Name)

960 West Magic RD., UNIT 51

(Address)

West Magic, ID 83352

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: William S Thomas

Signature: William S. Thomas

Printed Name: Vickie L Thomas

Signature: Vickie L Thomas

Printed Name: Shane R Erickson

Signature: Shane Erickson

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

04/02/2018 05:00

CK:1055 CT:355588 BH:1635884
1@ 25.00 = 25.00 ASSUM NAME #2

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