

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

2014 MAY 12 AM 10 11

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

	Willow Bay	
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> James B Williams) of the entity or individual(s) doing ne: <u>Complete Address</u> PO Box 309, Laclede, ID 83841
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Understand Construction	
	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: James B Williams PO Box 309 Laddede, ID 83841	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	it
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rinte apac	ture: ffmer B, Williams d Name: Tomes B, Williams city/Title: OWNOV ture:	IDAHO SECRETARY OF STATE 05/12/2014 05:00 CK:10137 CT:296757 BH:1424 16 25:00 = 25:00 ASSUM NAM

Capacity/Title: