

FILL EFFECTIVE

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Sandpoint Stoneworks

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

Name	Address
<u>Neal Rader</u>	<u>1880 Westmond Rd, Sagla Id.</u>
<u>IRA OLSON</u>	<u>PO Box 214, Sagla Id.</u>

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

Services

See categories on the reverse

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

Neal Rader  
P.O. Box 243 Cocolalla, Idaho 83813

Signed Neal Rader

By \_\_\_\_\_

Capacity \_\_\_\_\_

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/19/2005 05:00  
CK: 536979 CT: 172899 BH: 811443  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87994