



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE
2005 MAR -2 AM 9:23
SECRETARY OF STATE
STATE OF IDAHO

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

CARIBOU TITLE

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

Name

CARIBOU LAND TITLE, INC.

(C 86476)

Complete Address

241 SOUTH MAIN

P.O. BOX 608

SODA SPRINGS, IDAHO 83276

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

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

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

BEAR LAKE TITLE

PO BOX 608

SODA SPRINGS, IDAHO 83276

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-547-4321

Secretary of State use only

Signature: _____

(signature required)

Printed Name: A. BRUCE LARSON

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/02/2005 05:00
CK: 3862 CT: 24947 DH: 796079
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 85146



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208-547-4321

Secretary of State use only

Signature:

A. Bruce Larson
(signature required)

Printed Name:

A. BRUCE LARSON

Capacity/Title:

PRESIDENT

(see instruction # 8 on back of form)

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