FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

2009 DEC -7 PM 2: 58

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SEURETARY OF STATE STATE OF IDAHO

D135410

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name South Lemki School District #22)	Complete Address 11 5 Brod Street Leadore, Id 10 Box 119 Leadore, Id 83464
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: **DR. Sandra Noland** **P.O. Box 119 1115 3rd Street** Leadore, Td 83464 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Signature required) Printed Name: SHADEN SCOTT MOUNTAILS Capacity/Title: Supt (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/08/2009 05:00 CK: 7892 CT: 242823 BH: 1198251 1 0 25.00 = 25.00 ASSUM MANE #