

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JAN 31 AM 8: 53

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

LANDMARK	
The true name(s) and business address business under the assumed business Name	
WANDA COVINGTON	150 S. 1075 W. BLACKFOOT ID 83221
CAMI BLACK	20 E. COURT. BLACKFOOT. ID 83221
3. The general type of business transacte	ed under the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Es 4. The name and address to which future correspondence should be addressed: WANDA COVINGTON 150 S. 1075 W BLACKFOOT, ID 83221 5. Name and address for this acknowled copy is (if other than # 4 above):	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
	Secretary of State use only
Gignature: Manda Covington Crinted Name: Wanda Covington Capacity/Title: Owner (see instruction # 8 on back of form)	Solution Solution