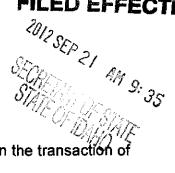


CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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



| 2. The true name(s) and business add | ress(es) of the entity or individual(s) doing |
|--|---|
| business under the assumed busine | ess name: |
| <u>Name</u> | Complete Address |
| City of Challis | PO Box 587, 721 E. Main, Challis, ID 83226 |
| (068221) | |
| O The second leave of the second seco | |
| | acted under the assumed business name is: |
| | ortation and Public Utilities ruction |
| Services Agricu | |
| ☐ Manufacturing ☐ Mining | Submit Certificate of |
| Finance, Insurance, and Real | Assumed Business |
| 4. The name and address to which futi | V |
| correspondence should be address | Occident of State |
| City of Challis | PO Box 83720 |
| PO Box 587 | Boise ID 83720-0080 208 334-2301 |
| Challis, ID 83226 | 255 55 7 255 1 |
| Name and address for this acknowle copy is (if other than #4 above): | edgment |
| | |
| Signature Lellie Wanlow Om | Secretary of State use only |
| Printed Name: Kellie Wahlstrom | |
| Capacity/Title: City Clerk/Treasurer | |
| Signature: | TRAME SECRETARY OF STATE |

IDAHO SECRETARY OF STATE
99/21/2012 05:00
CK; 28428 CT: 83856 BH: 1340709
1 @ 25.00 = 25.00 ASSUM NAME # 2

Printed Name:

Capacity/Title:____