

Signature:\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2016 MAR 28 AM 9: 55

|   |   | •                          |   | - ne 3:                  | 55          |
|---|---|----------------------------|---|--------------------------|-------------|
| 1. The  | e assumed business nam  | e which the undersian      | ed use(s) in the trans  | SECRETATIONS TAT         | F           |
| Wildlife Woodcarving  |   |                            |   |                          | -           |
|   | WIGHTE  | C                          |   |                          |             |
|   |   |                            |   |                          |             |
| 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):    MailaPo Box 634 |   |                            |   |                          |             |
| (   |   | Mail: P. O.B.              | you listed in #1).  | TN TN                    | 7026        |
| (Na   | eme)  | SSON Physical: 91          | 02W 56005   | ceston ID                | 1750        |
| K   | W. Ronald Davisson 11 same  |                            |   |                          |             |
| i1.45   | ane)  | (Adoness)                  |   |                          |             |
| (Na   | ome)  | (Address)                  |   |                          | <del></del> |
| No  | arne)   | (Address)                  |   |                          |             |
| fisc  | newj  | (vinitage)                 |   |                          |             |
| 3. The  | e general type of business  | transacted under the       | accumed hucinace n  | amo ie:                  |             |
|   | Retail Trade  | Construction               | F*********  |                          |             |
|   | Wholesale Trade   | Agriculture                | Mining  | tion and Public Utilitie | S           |
|   | Services  | Manufacturing              |   | nsurance, and Real Es    | state       |
|   |   |                            |   |                          |             |
| 1. Ma   | ailing address for future correspondence: 5. Name and address for this acknowledgment |                            |   |                          |             |
|   |   | ·                          | copy is (if other than #  | -                        |             |
| 78/01   | -orna Davis   | 500                        | A Section 1   |                          |             |
| T   | P.O. Box 634  |                            | (Name)  |                          |             |
| (Add  | dress)  | 7-010                      | (Address)   |                          | <del></del> |
|   | reston IV.  | <u>X326</u> 3<br>(Zipcode) | (City)  | (State) (7               | ipoeds)     |
|   |   | _                          |   | •                        |             |
| Printed   | d Name: Lorna B.  | Davisson                   | Secreta   | iry of State use only    |             |
| Signat  |   | au inter                   | TNIWA   | SECRETARY OF STATE       |             |
|   |   | accessor C                 | _   | 29/2016 05:00            |             |
|   | d Name: <u>W. Kona ld</u>   | Davisson                   | CK:20294 CT:322446 BH:1520898<br>1@ 25.00 = 25.00 ASSUM NAME #2 |                          |             |
| Signat  | ture: W. Konall K   | Javrison                   | and was and .   | wind and result          | - r-        |
|   | d Name:   |                            | 118   | 5483                     |             |
|   |   |                            | 1710  |                          |             |

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