

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 DEC 20 AM 9: 16

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

2. The true name(s) and business address(es) business under the assumed business name Name Amanda Withhauer	s) of the entity or individual(s) doing ne: Complete Address PO BOX 3120 Hayden 10 83835
3. The general type of business transacted under the large of the larg	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional): 1-208-702-413 (c) Secretary of State use only
Signature: <u>Amanda Withhauer</u> Printed Name: <u>Amanda Withhauer</u> Capacity/Title: <u>DWNEY</u> (see Instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/20/2006 05 = 0 CK: CASH CT: 158016 BH: 16267 1 8 25.60 = 25.60 ASSUM MAME

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