

## 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.

2010 NOV -8 AM 9:49

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

SECRETARY OF STATE STATE OF IDAHO

	KAI NALU
2. The true name(s) and <u>business</u> addres business under the assumed business  Name  DOROTHEA MALEY	s(es) of the entity or individual(s) doing name:  Complete Address  P.O. BOX 989 RATHDRUM ID 83858
	ed under the assumed business name is: ation and Public Utilities tion
Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
<ol> <li>The name and address to which future correspondence should be addressed SUSAN NEWCOMB</li> </ol>	
3425 N 4TH ST COEUR D'ALENE ID 83815	208 334-2301
<ol> <li>Name and address for this acknowled copy is (if other than # 4 above):</li> </ol>	gment —
Mars	Secretary of State use only
gnature: Justin Olivers	
nted Name: SUSAN NEWCOMB pacity/Title: BUSINESS MANAGER	IDAHO SECRETARY OF STATE 11/08/2010 05:00