

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

08 JUN 30 PM 12: 44
SECRETARY OF STATE
STATE OF IDAHO

	DANU
1. The assumed business name which the undersigned business is: HATHAWAY & SONS DREC	IN-IZED LAKE PORT
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name LOGAN LOGAN	entity or individual(s) doing Complete Address OLSEN JONA DD 8342. BOX (SS)
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: DAVIN M HATHAWAY PO BOX 658 JONA SD 83477	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): DANICOE STAND AFTN: VAL 3999 N. CAPITAL CON PORTION	Phone number (optional): (708) 524 5500 Secretary of State use only
Signature: Printed Name: DAVIA HATHAWAY Capacity/Title:	IDAHO SECRETARY OF STATE OS/30/2008 O5:00 CK: 39214 CT: 124538 BH: 1123188 1 8 25.86 = 25.86 ASSUM NAME # 2
(see instruction † 8 on back of form)	· ·