



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

THE EFFECTIVE

08.JUN-6 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Old Bones Enterprises

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

NICOLE A Name

Complete Address

Nicholas R. Lamping

1841 Evergreen Rd
Craigmont, ID 83523

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Nichola Lamping
1841 Evergreen Rd
Craigmont, ID 83523

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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):

Phone number (optional):

Signature: JK camping
(Signature required)

Printed Name: Nicole Lampine

Capacity/Title: Chair

(see instruction # 8 on back of form)

Secretary of State use only

IDaho SECRETARY OF STATE
06/06/2008 05:00
CK: 4264 CT: 226687 BH: 1118434
1 @ 25.00 = 25.00 ASSUM NAME # 2