Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO FILED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned 2: 30

	gives notice of adoption of	an Assı	umed Busin	ess Name.
busines		the unde	ersigned use	e(s) in the transaction of
$\mathcal{N}$	100Se BERRY Sund	Ction	]	
	name(s) and business address under the assumed busines	. ,	•	or individual(s) doing
ShA	Name CON Hedding			nplete Address ClaaStone Dr Othol, Jo
Deni	nis Hedding		SAME	83
	eral type of business transac	ted und	er the assur	med business name is:
☐ Wh	ail Trade	ure iction	Final Min	,
	ne and address to which future ondence should be addressed	re Pho d:	one number	(optional) (208) (683-0529
ShAN	on Hedding			Submit Certificate of Assumed Business
1 th	of ElagStone 8380	/		Name and \$20.00 fee to:
5. Name a	nd address for this acknowled	dgment		Secretary of State 700 West Jefferson Basement West
copy is	if other than # 4 above).	a constant		PO Box 83720 Boise ID 83720-0080 208 334-2301
		— [	D.	Secretary of State use only
			Kevision Lusa	IDAHO SECRETARY OF STATE
gnature: <u></u>	Maron Olddung	)	E CI	03/14/2000 09:00 K: 4360 CT: 128130 PH:,298515
rinted Name: _	Sharow Hedding		<u>.</u>	1 0 20.00 = 20.00 ASSUM WANE # 2

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