

Signature:

Signature;

Printed Name:

Signature:

Printed Name: Joann Michols

CERTIFICATE OF ASSUMED BUSINESS NAME

2018 FEB 12 AM 10: 52

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

The individual and/or er the assumed business			dress(es) of those doing business under
Keith Nichols		NO, ID 83544	
(Name) Joann Nichols	(Address) PO BOX 2485 OROFINO, ID 83544		
(Name)	(Address)		
(Name)	(Add	ress)	
(Name)	(Add	ress)	
Retail Trade Wholesale Trade Services		Construction Agriculture Manufacturing	Soumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
Mailing address for futu Keith Nichols	re corresp	oondence: 5	. Name and address for this acknowledgme copy is (if other than # 4):
(Name)			(Name)
PO BOX 2485 (Address)			(Address)
/i resolvedy		00744	(/ NOTC23)
Orofino	ID	83544	

IDAHO SECRETARY OF STATE 02/12/2018 05:00

CK:1027 CT:352692 BH:1626487 1@ 25.00 = 25.00 ASSUM NAME #2

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Rev. 08/2015