



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 APR 24 AM 9:44

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

WORD PARTNERS INK

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

Name

Complete Address

TOBIN C. ALDER

852 W. CENTER, POCA TELLO, ID 83204

PAMELA A. MOSBRUCKER

1222 N. GRANT, POCA TELLO, ID 83204

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 checked="" type="checkbox"/> Services | <input 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:

WORD PARTNERS INK

PO BOX 91

POCA TELLO, ID 83204-0091

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):

(208) 406-3960

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

TOBIN C. ALDER

Capacity/Title: _____

PRESIDENT

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/24/2006 05:00
CK: 486309776 CT: 199544 BH: 950870
1 @ 25.00 = 25.00 ASSUM NAME # 2

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