

CERTIFICATE OF ASSUMED BUSINESS NAME

	& .
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse before	e undersigned siness Name.
The assumed business name which the uncousiness is:	1
The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u>	
JAMES R. SCOUREY	502 N. TENTH ST. MARIES IDAHO 83861
3. The general type of business transacted units and the second strains and the second strains are second so that is a second se	submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: JAMES R. SCOUREY 502 N. TENTH ST MARIES IDAHO 83861	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): CHRISTENSEN & DOMAN, P.C.	ent Phone number (optional):
907 MAIN AVENUE ST MARIES IDAHO 83861	Secretary of State use only
Printed Name:JAMES R. SCOUREY Capacity: OWNER	IDAHO SECRETARY OF STATE OB/OB/2001 055 = 00 CK: 4255 CT; 149831 BH: 412416 1 P 28.88 = 29.80 ASSUM NAME # 2

D 47440