



NOTE: See instructions on reverse before filing.

| The true name(s) and business address(e business under the assumed business name Name | ss) of the entity or individual(s) doing |
|--|--|
| Name | me: |
| <u>.</u> | Complete Address |
| Carter L. Wilson III | PO Box 140506 - Boise ID 83714-0506 |
| | 5558 W Harborcove Ln - Boise ID 83703-6246 |
| 3. The general type of business transacted u | inder the assumed business name is: |
| Retail Trade Transportation | on and Public Utilities |
| Wholesale Trade Construction | |
| Services Agriculture | Submit Certificate of |
| | Assumed Business |
| Finance, Insurance, and Real Estate | Name and \$20.00 fee to: |
| The name and address to which future | Secretary of State |
| correspondence should be addressed: | 700 West Jefferson |
| Carter L. Wilson III | Basement West PO Box 83720 |
| PO Box 140506 | Boise ID 83720-0080 |
| Boise ID 83714-0506 | 208 334-2301 |
| 5. Name and address for this acknowledgme | ent Phone number (optional): |
| CODY IS (if other than # 4 above). | 208-853-7567 |
| | |
| | Secretary of State use only |
| | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| ature: Cath Wilson The | Secure to the secretary of state |
| (signature required) | 109/200 |
| ed Name: Carter L. Wilson III | Revised 09/2002 |
| (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE |