

FILED

notice of
transaction of

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

Paradise Forest Management

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

Name _____

Address

Don Shipton

Address
P.O. Box 1125, Priest River Id 83856

3. The general type of business transacted under the assumed business name is:

1-9

See categories on the reverse

4. The name and address to which correspondence should be addressed:

Paradise Forest Management

P.O. Box 1125, Priest River Id 83854

Signed

By

Capacity

LD

Don Shipton

Sole Proprietor

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAND SECRETARY OF STATE

08/12/1999 09:00

CK: NO CK # CT: 119160 BH: 241401

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 28348

Revision 10/98

1. Wormholes