

Capacity/Title:

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> address(e business under the assumed business nare).	s) of the entity or individual(s) doing
<u>Name</u>	Complete Address
J. Hardy Bain	J. Hardy Bain
	310 Cedar
	Potlatch Idaho 83855
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: J. Hardy Bain P.O. Box 457 Potlatch Idaho 83855	Submit Certificate of
5. Name and address for this acknowledgmen copy is (if other than # 4 above);	ut
gnature: 5, 4 8	Secretary of State use only
inted Name: J. Hardy Bain	
pacity/Title:_Owner	
nature:	·
inted Name:	IDANO SECRETARY OF STATE