

Printed Name: Lerov

(see Instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

09 OCT 19 AM 9: 27

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	Name Leroy Joe Murray		ime:	Complete Add	· 0 58	
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-				83855		
3. Th	e general type of bu	usiness transacted u	nder the ass	Nimed husiness	nama ia	
				Submit Certific Assumed Busin Name and \$25	ness	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:			Idaho Secretary 450 N 4th Street PO Box 83720	of State		
	Badger Trust			Boise ID 83720-0	1080	
	1328 F. Freeze			(208) 334-2301	,	
	Potletch, ID	83855	<u> </u>			
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		r this acknowledgme				

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