Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FLED/EFFECTIV

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

DI OCT 19 AN # 13

D49226

	gives notice of adoption of an		a sea like
1.	The assumed business name which the undersigned use(s) in the transaction of TATE OF 1D.		
	business is:		
	The Camas C	our	jer
			
2.	The true name(s) and business address(es) of t	he entity or individual(s) doing
	business under the assumed business na	ame is/	'are:
	Name		Complete Address
	Edward & Carol Reagan	Pic	0. Box 339
	1 12		irtield, Idaho 83327
	Burney Warren Branch	16	irtiela, Jaako 83501
3.	The general type of business transacted under the assumed business name is:		
J.	(mark only those that apply)	ariaor	ario addamo a badimo do manio io.
			_
	Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate		
4	The name and address to which future Phone number (optional): 208-764-3322		
4.	correspondence should be addressed:		
	Samue Visual Arts		Submit Certificate of
	P.O. Box 339		Assumed Business Name and \$20.00 fee to:
			Name and \$20.00 fee to.
	Fairfield, Idaho 83327		Secretary of State
_	Name and address for this asknowledge	ant	700 West Jefferson
ე.	Name and address for this acknowledgment Basement West PO Box 83720		PO Box 83720
	OI EVans Bank	Boise ID 83720-0080 208 334-2301	
	OC F VAIIS I SAIN		
	980 3 Lincoln		Secretary of State use only
	TOWNA TO 02330	8	Secretary or state use only
	Jerone, IJ 83558	Revision 1/98	
Sianati	ure: Edward Dkengar	Revis	
•			IDAHO SECRETARY OF STATE 10/19/2001 05:00
Printed	Name: Idward D. Keagan	bh. p85	CK: 984680 CT: 130012 BH: 425324 1 @ 20.00 = 20.00 ASSUM NAME # 2
		1 4	* * ***** FRIED UPPER HART & C