



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

JUL 25 11 8:10

SECRETARY OF STATE  
STATE OF IDAHO

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

HOOPEK WILDLAND FUELS SERVICES

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

Name

Complete Address

JENNIFER HOOPEK HC64 ; PO BOX 9900K ; STANLEY, ID  
83278

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

HC64 Box 9900K  
STANLEY, ID 83278

5. Name and address for this acknowledgment copy is (if other than # 4 above):

1127 WILDWOOD DR-  
LIVERNE, MI 48636

Phone number (optional):

989.745.2727

Secretary of State use only

D112732

IDAHO SECRETARY OF STATE  
06/25/2007 05:00  
CK: 1558 CT: 214715 BH: 1061954  
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\forms\labn form\slabn.p65  
Revised 04/2003

Signature: Jennifer Hooper

(signature required)

Printed Name: JENNIFER J. HOOPEK

Capacity/Title: owner/manager

(see instruction # 8 on back of form)