

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2008 MAR -9 AN 9: 68

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.

2. The true name(s) and business address business under the assumed business	s(es) of the entity or individual(s) doing name:
Name R.E. and P.M. Inc ———————————————————————————————————	Complete Address 1835 Cocolalla Loup Rd P.O. Box 276 Cocolalla Td. 83813
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	tion and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: P.G. Box 276 Cocolalla, Td. 838	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Name and address for this acknowledg copy is (if other than # 4 above).	ment Phone number (optional):
	Secretary of State use only
nted Name: President pacity/Title: President (see instruction # 8 on back of form)	- Upaho Secretary of State -

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