

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 2013 JAN 18 AM 9: 21

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

SEGRETARY OF STATE STATE OF IDAHO

The assumed business name which the business is: WOODEN NICKEL	e undersigned use(s) in the transaction of
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> DEANNA KIDDER	ess(es) of the entity or individual(s) doing s name: Complete Address 424 THAIN ROAD LEWISTON, ID 83501
	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: 424 THAIN ROAD LEWISTON, IDAHO 83501	r Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above): SYRINGA BANK 1005 BRYDEN AVENUE LEWISTON, ID 83501	gment Secretary of State use only
Signature: <u>Vearra Kidder</u>	
rinted Name: DEANNA KIDDER	 [
Sapacity/Title: OWNER	No. of the contract of the con
ignature: Deans Belde	IDAHO SECRETARY OF STATE @1/18/2013 @5:00
Printed Name: Deanna Kidder	CK: 14478 CT: 278360 BH: 135639

01/18/2013 05:00 CK: 14478 CT: 278360 BH: 1356394 1 8 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: