

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE STATE OF IDAHO

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

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The assumed business name which the under business is: Brinkman House	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name David Brinkman	
3. The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: David Brinkman 6924 Labrosse Hill st Bonners Ferry, Id 83805	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
rinted Name: David Brinkman	Secretary of State use only
Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE 98/04/2011 95:20
Printed Name:	CK: 2801 CT: 158010 BH: 1285190 1 0 25.00 = 25.00 ASSUM MAME #
Capacity/Title:	D149273

abn.pmd Rev. 07/2010