

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 NOV 20 AM 8: 23

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

| | OF WE OF ADALO |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| The assumed business name which the undersigned business is: | I use(s) in the transaction of |
| PRIEST LAKE MAJESTICS | |
| The true name(s) and business address(es) of the elbusiness under the assumed business name: | |
| CAROL J. NICHOLSON 10 | N STEAMBORT BAY Rd |
| Cool | UN, Id 8382/ |
| MAILING PO | Box 10 |
| 3. The general type of business transacted under the a | ssumed business name is: |
| Retail Trade Transportation and Pub Wholesale Trade Construction | lic Utilities |
| Services Agriculture | Submit Certificate of |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: | Idaho Secretary of State 450 N 4th Street PO Box 83720 |
| CAROL J NICHOLSON | Boise ID 83720-0080 |
| PO BOX 10 CONTRA 83821 | (208) 334-2301 |
| | |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | |
| | |
| | Secretary of State use only |
| Sed us | |
| gnature: Old (signature required) | IDAHO SECRETARY OF STATE |
| gnature: CAROL J NICHOLSON (signature required) rinted Name: CAROL J NICHOLSON (signature) apacity/Title: OWNER | 11/20/2009 05:00 CK: 2104 CT: 158016 BH: 1196196 1 0 25.00 = 25.00 ASSUM MANE 1 2 |
| apacity/Title: OWNER | |
| (see instruction # 8 on back of form) | D135101 |