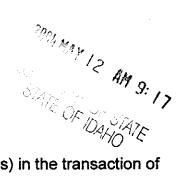


CERTIFICATE OF ASSUMED BUSINESS NAME

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

<u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



The assumed business name which the un business is:	dersigned	d use(s) in the transaction of
SAWTOOTH TAX DE	ERMY	
The true name(s) and <u>business</u> address(es business under the assumed business names).		ntity or individual(s) doing
Name		Complete Address
TOOD M. NEISON 851		SHENANDOAU CIO3
	PO. Box 894	
	HAILEY, 10 83333	
3. The general type of business transacted u	nder the a	ssumed business name is:
Retail Trade Transportation and Public Utilities		
Wholesale Trade Construction	ļ	<u> </u>
Services Agriculture		Submit Certificate of Assumed Business
☐ Manufacturing☐ Finance, Insurance, and Real Estate	•	Name and \$25.00 fee to:
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson Basement West
SALUTCOTH TAXIDERINY		PO Box 83720
PUBOX EGY		Boise ID 83720-0080 208 334-2301
HALLEY ID E3333		
5. Name and address for this acknowledgm	ent	Phone number (optional):
COPy iS (if other than # 4 above):		(208) 788-6699
		Secretary of State use only
100m Al.	rpVorms\abn forms\abn.p65 Revised 04/2003	076263
Signature: (signature required)	n forms	IDAHO SECRETARY OF STATE
Printed Name: TOOD M. NELSON	formstation form: Revised 04/2003	05/12/2004 05:00 CK: 1884 CT: 158010 BH: 744532 1 0 25.80 = 25.80 ASSUM NAME # 2
Canacity/Title: ALDRER	₽ 8 8	ז ק באימם - באימם אפארט עאטר ק כ