

Capacity/Title: OUNER

(see instruction # 8 on back of form)

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.

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SECRETARY OF STATE STATE OF IDEALS

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the und business is: RD Wilson ← Association 	J , ,
The true name(s) and <u>business</u> address(es) business under the assumed business nam <u>Name</u>	of the entity or individual(s) doing
3. The general type of business transacted units and the services and services and services and services. Insurance, and seal Estate and address to which future correspondence should be addressed:	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	Phone number (optional): 208-447-7085
Signature A Suck D. Wilson	Secretary of State use only Secretary of State use only

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