

Capacity/Title: Ownせて

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 JUL -6 PH 12: 44

Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assume	d Business Na	me. SEODETARY OF	STATE	
Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETANT OF STATE OF IDAHO			AHO ·	
1. The assumed business name which the business is: CALL OF THE WILL		,		
The true name(s) and business address(business under the assumed business name	ame:	Complete Address	*	
<u> </u>	1538	15381 N. Hwy 41 SuiteB		
SHAWN M. ARNESON	RATHI	DRUM ID. 838	<u>58</u>	
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SHAWN MARNESON ARNESON ARNESO	ion and Publ on te			
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment		• :	
		Secretary of State use only		
N.	- S9d'uq			
Signature Structure (despise and of the structure)	- Coms (social series)		,	
Printed Name: SHAWW ARNESON	mstabn formstabn.p65	Thean Secretary	OF STATE	

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