



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 NOV -7 AM 9:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: POTLATCH CHRISTMAS COMMITTEE  
Potlatch Lighted Christmas Parade Committee

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Grace Brown</u>	<u>130 2nd St - Potlatch Id</u>
<u>DAVID L. Brown</u>	<u>130 2nd St Potlatch Id 83855</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

GRACE Brown or David Brown  
P.O. Box 13 Potlatch, Id 83855

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 acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: Grace Brown <sup>DB</sup>  
Grace Brown by David Brown  
(signature required)

Printed Name: GRACE BROWN

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

grcorpformslabn formslabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
11/07/2012 05:00  
CK: 1506 CT: 276022 BH: 134600  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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