

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

98 JUN -1 AM 9:07

SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Kooskia Variety Store

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

Name

Complete Address

Wilma E. Link

008 Main

P.O. Box 250

Kooskia, ID 83539-0250

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208-926-4262

(same as above)

Wilma E. Link

Kooskia Variety Store

008 Main, P.O. Box 250

Kooskia, ID 83539

5. Name and address for this acknowledgment copy is (if other than #4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IMHO SECRETARY OF STATE

06/01/1998 09:00

CK: 68802102932 CT: 99424 DN: 115367

1 @ 20.00 = 20.00 ASSUM NAME

DIVIS

Signature:

Wilma E. Link

Printed Name:

Wilma E. Link

Capacity:

Owner

(see instruction # 8 on back of form)

Revision 2/97

3. Information only