

CERTIFICATE OF ASSUMED BUSINESS NAME

227	
CERTIFICATE OF	S NAME the undersigned Susiness Name. STATE OF TOAHOUR and ore filling.
ASSUMED BUSINESS	S NAME OS. SOS
Pursuant to Section 53-504, Idaho Code 19	he undersigned
submits for filing a certificate of Assumed B	Business Name.
Please type or print legibly. NOTE: See instructions on reverse before	oro filling
	ore minig.
The assumed business name which the un business is:	ndersigned use(s) in the transaction of
Eart	th Spirit
The true name(s) and <u>business</u> address(es) business under the assumed business name <u>Name</u> Beverly Kingsford	of the entity or individual(s) doing e: <u>Complete Address</u> 601 Hubbard Rd. Grace, ID 83241
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
correspondence should be addressed: Beverly Kingsford 601 Hubbard Rd. Grace, ID 83241	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above); 	nt Phone number (optional):
	Secretary of State use only
Signature: Bus ly Kiraford Printed Name: Beverly Kingsford Capacity/Title: owner / operator	Security of State
(see instruction #8 on back of form)	IDAHO SECRETARY OF STATE 94/11/2002 95:00 CK: 1832 CT: 136326 BH: 458479 1 8 20.00 = 20.00 ASSUM NAME # 2