CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.

(see instruction # 8 on back of form)



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 D. & A. Inc. (C-39529)	PO Box	Complete Address 89, St. Anthony, ID 83445
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade	g 	Transportation and Public Utilities Finance, Insurance, and Real Est Mining
4.	The name and address to which future correspondence should be addressed:	ų.	Submit Certificate of
	Bank of Idaho	· ·	Assumed Business Name and \$20.00 fee to:
	PO Box 126 St. Anthony, ID 83445	• • •	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt :	Basement West PO Box 83720 Boise ID:83720-0080 208 334-2301
		1. N. 1	Secretary of State use only
	ure: Muchael Thenz. I Name: Michael F. Lenz. ity: President	Vormstabn pm6 Revision 2/97	IDANO SECRETARY OF STATE 01/21/2003 05:00 CK: 1585 CT: 130678 BN: 657917 1 8 20.00 = 20.00 ASSUM NAME # 6 DULLELY