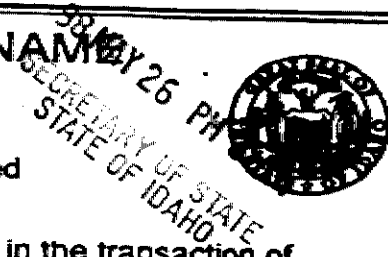


FILED

# 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.



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

"Howdy Neighbor" Program

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

Lincoln County

Post Office Drawer A

Shoshone, Idaho 83352

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

- |  |   |  |
|--|---|--|
| <input 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                              |
|  | <input checked="" type="checkbox"/> Community Service |  |

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

Marilynn Brookbank (Phone 886-5822)

Lincoln County Commissioner

Lincoln County Courthouse

P.O. Drawer A, Shoshone, Id 83352

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

Signature: Marilynn Brookbank

Printed Name: Marilynn Brookbank

Capacity: Program Administrator

(see instruction # 8 on back of form)

Revision 2/87  
B Corporation print

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