

## CERTIFICATE OF ASSUMED BUSINESS NAME

2012 DEC 10 AM 9: 17

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

STATE OF DATE

## Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of
	DEAN & CO	
2.	The true name(s) and <u>business</u> address(e business under the assumed business name  Name  TINA M. DEAN	s) of the entity or individual(s) doing me: <u>Complete Address</u> 301 SMILEY CREEK RD KETCHUM, ID 83340
3.		n and Public Utilities
	Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed:  TINA M DEAN	Secretary of State 450 North 4th Street PO Box 83720
	PO BOX 1779 KETCHUM, ID 83340	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Siana	iture:	Secretary of State use only
· <del>-</del>	ed Name: TINA M DEAN	
	city/Title: OWNER	
Signa	ture:	IDANO SESDETARN OF STATE
Printed Name:		IDAHO SECRETARY OF STATE  12/10/2012 05:00  CK: 1305 CT: 277005 BH: 1350620
Capacity/Title:		1 0 25.00 = 25.00 ASSUM NAME # 2

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