

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

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SECRETARY DE STA

1.	The assumed business name which the undersigned use(s) in the transaction of business is. Comp Graphic The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
2.				
	Doris K. Walker	1115 Forest Avenue, Sandpoint, ID 83864		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade☐ Wholesale Trade☒ Services	ConstructionAgricultureManufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate	
4.	Mailing address for future	correspondence:	 Name and address for this acknowledgment copy is (if other than # 4): 	
	Doris K. Walker		• •	
	(Name) 1115 Forest Avenue		(Name)	
	(Address)		(Address)	
	Sandpoint, ID 83864 (City)	(State) (Zipcode)	(City) (State) (Zipcode)	
Printed Name: Doris Walker			Secretary of State use only	
Signature: Delta			IDAHO SECRETARY OF STATE	
Printed Name:			01/09/2017 05:00	
Sìgnature:			CK:2689 CT:333176 BH:1563212 16 25.00 = 25.00 ASSUM NAME #2	
Pri	nted Name:			
Signature:			D191349	

Rev. 08/2015