## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE	, STATE OF IDAHO
Pursuant to Section 53 50	A Idoha Cada the undersian

suant to Section 53-504, Idaho Code, the undersigned pp. .

gi	ves notice of adoption of ar	n Assumed Busir	ess Name. 14 AM 9: 03	
1. The assume businessis:	d business name which the ய	undersigned use	e(s) in the transaction of	
busilieseris.	VT ~	EE SERV	ICE STATE OF IDAHO	
2. The true nan	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
pusitions unit	Name		nplete Address	
MARTH	EW M. GUYRE	30X 4 <u>23</u>		
KURT	LANSING	BOX 453	10 HATIEY, 10 83333	
	T FOREST PRODUCT	5, UC 80	1X 4530 HALLEY, 10	
	$\mathcal{VQ}3/73$ type of business transacted	d under the assu	med husiness name is:	
(mark only th	nose that apply)	a anaci are assu	ned business hame is.	
☐ Retail T	rade 🔲 Manufactu	uring 🔲 Tra	nsportation and Public Utilities	
5-7	ale Trade 🔲 Agriculture	e 🔲 Fin	ance, Insurance, and Real Estate	
∑ Service:	s Constructi	ion   Mir	ning	
	nd address to which future	Phone number	(optional): 208 720 0502	
	ence should be addressed:			
Box US	530	_	Submit Certificate of	
HALLEY	, ID 83333	_	Assumed Business Name and \$20.00 fee to:	
		_	Secretary of State	
5 Name and a	ddress for this acknowledg	ment	700 West Jefferson	
copy is (if othe		inerit	Basement West PO Box 83720	
<del></del>		_	Boise ID 83720-0080 208 334-2301	
		_		
		578	Secretary of State use only	
.1.	, /	Revision 12/99		
Signature:	19	- 2	 TRAIN ann	
Printed Name:W	ATT GUYRE	n.p65	IDANO SECRETARY OF STATE 95/14/2003 05:00 CX: 1889 CT: 158818 BH: 688543	
Capacity: OWNER		rms/abn.p65	1 2 25.00 = 25.00 ASSUM NAME # 2	

(see instruction # 8 on back of form)

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