227

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

2002 JUL 29 AM 9:50

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

C.D. ~~Clearwater Drifters~~

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
EVElyn Kaide	P.O BOX 1661 14010 Hwy 12 Orofino, Idaho 83544

3. The general type of business transacted under the assumed business name is:

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

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

EVElyn Kaide
P.O BOX 1661
Orofino, Idaho 83544

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: Evelyn Kaide (signature required)

Printed Name: EVElyn Kaide

Capacity/Title: Owner/operator

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
07/29/2002 05:00
CK: 4509 CT: 150010 BH: 479526
1 @ 20.00 = 20.00 ASSUM NAME # 4

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