CERTIFICATE OF ASSUM (Please type or print legibly. Se	IED BUSINESS NAME ee instructions on reverse.)
To the SECRETARY OF STATE, STAT  Pursuant to Section 53-504, Idah  gives notice of adoption of an As	o Code, the undersigned Color AM 10: 2
The assumed business name which the und business is:	
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li> </ol>	
Ben A. Woods	Complete Address 30826 HWY 200
	PONDERAY, IDANO 83852
The general type of business transacted un (mark only those that apply)	der the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Finance, Insurance, and Real Estate ☐ Mining
<ol> <li>The name and address to which future Pl correspondence should be addressed:</li> </ol>	none number (optional) 208) 263-4869
903 KANIKSU SHOKES SANDPOINT, ZUS3869	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson t Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only  IDANO SECRETARY OF STATE
Signature: Syn Woody	50 1940 SECKETARY OF STATE  50 197/16/2666 99:00  CK: 1679 CT: 133326 BH: 332258
,	1 # 20.00 = 29.00 ASSUM NAME # 2
Printed Name: Ben Woods	D37264
Capacity: (see instruction # 8 on back of form)	D37264