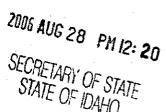


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.



2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
O MAC WAGONER	P.O. BOX 296, DUBOIS, ID 83423
BETTY A WAGONER	P.O. BOX 296, DUBOIS, ID 83423
Retail Trade Transportation and Wholesale Trade Construction	rubiic Utilities
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
O MAC WAGONER	Basement West
	PO Box 83720
P.O. BOX 296	Boise ID 83720-0080 208 334-2301
DUBOIS, ID 83423	250 554-2501
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
5. Name and address for this acknowledgment copy is (if other than # 4 above):  ZIONS FIRST NATIONAL BANK	Phone number (optional):
COPY IS (if other than # 4 above).	
COPY IS (If other than # 4 above):  ZIONS FIRST NATIONAL BANK	Phone number (optional):  Secretary of State use only
ZIONS FIRST NATIONAL BANK P.O. BOX 54 RIGBY, ID 83442	Secretary of State use only
COPY IS (If other than # 4 above):  ZIONS FIRST NATIONAL BANK  P.O. BOX 54  RIGBY, ID 83442	Secretary of State use only
COPY IS (if other than # 4 above):  ZIONS FIRST NATIONAL BANK  P.O. BOX 54  RIGBY, ID 83442  gnature:  (signature require)	Secretary of State use only

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