CERTIFICATE ASSUMED BUSINE Pursuant to Section 53-504, Idaho C submits for filing a certificate of Assu Please type or print legit NOTE: See instructions on reverse	ESS NAME ode, the undersigned med Business Name.
1. The assumed business name which th business is: 	
2. The true name(s) and business address business under the assumed business Name <u>Cynthia L Scott</u>	s(es) of the entity or individual(s) doing name: Complete Address <u>PUBOX 2309 SANDPOINT TD</u> <u>B3869</u>
Solution and type of business transacted	tion and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Signature required) (signature required) rinted Name: Cyntnin LScatt apacity/Title: DISTING (see instruction # 8 on back of form)	Secretary of State use only IDANO SECRETARY OF STATE 07/09/20004 05 ± 00 CX: 6408 CT: 158010 BH; 754789 1 0 25.00 = 25.00 ASSUM NONE # 2

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