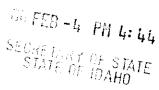


CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.



The assumed business name which the under business is: RIVER HETTICAL LIBRARY	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name Name Name Name	
3 he general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture	ler the assumed business name is: and Public Utilities Submit Certificate of
 ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 	Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
DR MOLLINGE D. MELINS DATO DO. BETSE, IDAMO 83713	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than #4 above):	Phone number (optional): 28.761.2679 Secretary of State use only
Signature: Min — Min — (Signature Pequired)	Secretary of State IDAHO SECRETARY OF STATE 1000 1000 1000 1000 1000 1000 1000 10
Printed Name: MTCHATE P. MTAS Capaci: //Title: CLOSER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE Page