

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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Please type or print legibly. NOTE: See instructions on reverse before filing. S ME OF IDAHO

2. The true name(s) and business address(business under the assumed business name  Name  Karl N. Stelzried  Darlene E. Stelzried	es) of the entity or individual(s) doing ame:  Complete Address  PoBox 6866 Ketchum, Tolaho  So Box loablo Ketchum, Tolaho
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  **Expansion** **P.O. Dox 108106** **Expansion** **Expansion** **Supple States**  5. Name and address for this acknowledged.	on and Public Utilities  n  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
Signature: Harl M. Stelzcied Capacity/Title: President	Secretary of State use only  Secretary of State use only  1000760 passage  1000760 SECRETARY OF STATE  1000760 CK: 152 CT: 158010 BH: 680265

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