



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2015 FEB -9 AM 9:53

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**  
**Instructions are included on back of application.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Weller mart

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u>             | <u>Complete Address</u>  |
|-------------------------|--------------------------|
| <u>Gregory A Weller</u> | <u>735 Spruce St.</u>    |
| <u>Joshua R Weller</u>  | <u>PO Box 134</u>        |
|                         | <u>Potlatch ID 83855</u> |

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade          | <input checked="" type="checkbox"/> Construction             |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

PO Box 134  
Potlatch ID 83855

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Gregory A Weller

Printed Name: Gregory A Weller

Capacity/Title: Owner / CEO

Signature: Joshua Weller

Printed Name: Joshua R Weller

Capacity/Title: Owner / VP

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/10/2015 05:00

CK:2729 CT:306273 BH:1461172  
1@ 25.00 = 25.00 ASSUM NAME #2

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