Printed Name:

(see instruction # 8 on back of form)

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAME, (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 1609 E. 1St Arc. Post Falls 10 83854 John V. Hodgson 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 773-2503 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Most Falls ID 83854 Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE DATE 06/12/1997 0900 101462 Signature: 2 CK #: 1007

CUST# 82803 ASSUM NAME 10 20.00= 20.00

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