



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED
99 OCT -6 AM 9:14
STATE OF IDAHO

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.

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

Shine As Lights Enterprises

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>David Daniel Lemay</u>	<u>P.O. Box 613</u>
	<u>226 1/2 North St.</u>
	<u>Filer, Idaho 83328</u>

- The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

- The name and address to which future correspondence should be addressed: Phone number (optional): _____

Shine As Lights Enterprises
P.O. Box 613
Filer, Idaho 83328

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

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

Signature: David D. Lemay
 Printed Name: DAVID D. LEMAY
 Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only
 IDAHO SECRETARY OF STATE
 10/06/1999 09:00
 CX: 1384 CT: 128674 BH: 255924
 1 @ 20.00 = 20.00 ASSUM NAME # 2
 D29783

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