227	FILED EFFECTIV
CERTIFICATE OF	F
ASSUMED BUSINES	SNAME 2006 JUL 21 AM 9:
Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed	the understand of
Please type or print legibly.	Business Name. SECRETARY OF STA STATE OF IDAHO
NOTE: See instructions on reverse before	ore filing.
<ol> <li>The assumed business name which the un business is:</li> </ol>	ndersigned use(s) in the transaction of
SEVOY E	NTERPRISES
2. The true name(s) and business address(es business under the assumed business nan Name PAUL SEVOIAN JOYCE BARTOLINE	s) of the entity or individual(s) doing ne: Complete Address 6000 WEST OVERLAND RD. MERIDIAN, ID 83642 6000 WEST OVERLAND RD. MERIDIAN, ID 83642
<ul> <li>3. The general type of business transacted un</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> 4. The name and address to which future correspondence should be addressed: <ul> <li>6000 W. OVERLAND RD. MERIDIAN ID.</li> <li>83642</li> </ul> 5. Name and address for this acknowledgmer copy is (if other than # 4 above):	n and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 nt Phone number (optional): 208-884-1859
Signature: <u>fail</u> <u>Serve</u> (signature required) Printed Name: <u>PAUL SEVOIAN</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	Secretary of State use only

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