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				
	The assumed business name which the undersigned use(s) in the transaction of business is: Suppose (1) and working			
	- COPATOR WITHOUT			
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
- -	Samuel A. Silvey	1411 64 1411 64	NUE E TWIN FULLS	
3. T	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade			
	The name and address to which future Correspondence should be addressed:			
7	Snauel A. Silvey 411 lot Ave. E.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
*******	Twin Fulls, Idaho 83301		Secretary of State 700 West Jefferson	
	lame and address for this acknowledgment	t	Basement West	
- -	COPY IS (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080 208 334-2301	
		<u></u>	Secretary of State use only	
- Signature	e: Samuel Share	Revision 2/97	IDAMO SECRETARY OF STATE DATE 03/24/1997 0900 75829 2 CX #: 3171 CUST# 78680	
Printed Name: SAMUEL A SILVEY			ASSUM NAME 10 20.00= 20.00	
Printed Name: SANIE A SILVEY Capacity: PRESIDENT (see instruction # 8 on back of form)				
	(see instruction # 8 on back of form)	d d	#: D	