

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**FILED EFFECTIVE**  
2006 AUG 17 AM 10:38

SECRETARY OF STATE  
STATE OF IDAHO

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

RCV Fiorano Family Trust

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

Name

Complete Address

Fiorano Family Trust, LLC

967 E. Parkcenter, #311, Boise, ID 83706

W 53605

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

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

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

RCV Fiorano Family Trust

967 E. Parkcenter Blvd., #311

Boise, Idaho 83706

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

Phone number (optional):

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

N/A

Signature: M. Dressen

(signature required)

Printed Name: Entity Services, Inc., By:

Capacity/Title: M. Dressen, President

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/17/2006 05:00  
CK: 888155 CT: 172899 BH: 970628  
1 @ 25.00 = 25.00 ASSUM NAME # 7

D 102805