

CERTIFICATE OF ASSUMED BUSINESS NAME

FILE

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assume	ed Business Name. 11 MAR 25 PH II: 23
Please type or print legible	V
NOTE: See instructions on reverse to	before filing. STATE OF IDAHO
i Se	
The assumed business name which the	e undersigned use(s) in the transaction of
būsiness is:	•
SHINY DOUBLE BUR	BRLE. COM
2. The true name(s) and <u>business</u> address	
business under the assumed business na	ame:
Name Name	Complete Address
JAMES S. SALTERN	_ 10875 STRATFORD DR
	HAYDRN LAKE ID 81835
•	•
The general type of business transacted	d under the assumed business name is:
Retail Trade Transporta	stion and Dublic Hillian
Tretail Hade	ation and Public Utilities
☐ Wholesale Trade ☐ Constructi	
☐ Services ☐ Agriculture	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Est	ate Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
& D.R	Basement West
1000 C-11-E-15 DA	PO Box 83720 Boise ID 83720-0080
10875 STRATFORD DR	— 208 334-2301
HYDN. 4x., ID. 83835	
5. Name and address for this acknowledg	
COPy is (if other than # 4 above):	(203) 762-5639
	WORKING 21 MAR 2001
	Secretary of State use only
	19aho secretary of state
Signatura	O4/62/2001 09:00 CK: 992116029 CT: 144456 BH: 388424 1 20.00 = 20.00 ASSUM NAME # 2
Signature:	- word 1 20.00 = 20.00 ASSUM NAME 2
Printed Name () JIM SALTERN	Leavised 01/2001 Parkised 01
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(see instruction #8 on back of form)

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