

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

LE LES LA CARACIATE

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

7004 APR 26 AM 8: 52

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the business is: SVITAK Custom WOOD	· , ,
2. The true name(s) and <u>business</u> address business under the assumed business n Name DAVID SVITAK	e(es) of the entity or individual(s) doing
☐ Wholesale Trade ☑ Construction☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Svital Custom Woodworking Po Box 1227 Spinit Lake ID 83869	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):
ignature: David Svitak	Secretary of State use only Secretary of State use only

IDAHO SECRETARY OF STATE 64/26/2004 65:00 CX: 5889 CT: 178646 BH: 741236 1 6 25.86 = 25.86 ASSUM NAME # 2

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