

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

2886 APR -7 AM 8:59

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

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

SHIVER Cua Dropaction Tarretiment

	Complete Address 315 Wilmore Aven
The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  1315 Wilmore Ave Twin Falls 20	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is of other than # + above):	Phone number (optional):
	Secretary of State use only

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IDAHO SECRETARY OF STATE

04/07/2006 05:00

CK: 1053 CT: 158010 BH: 947894
1 0 25.00 = 25.00 ASSUM NAME # 2

Signature: Capacity/Title:

see instruction # 8 on back of form-