

## 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.

(see instruction #8 on back of form)

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SECRETARY OF STAIL STATE OF IDAHO

	SIAIE OF ISLAND
The assumed business name which the und business is:      TIVESTMENTS	lersigned use(s) in the transaction of
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
	509 WEST 7800 SOUTH REXBURG, ID B3440 1215 BOOTH DR. POCENTERIO ID, 83440
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  SHLCO TRIVESTMENTS  - 509 WEST 7800 500TH  REXEURG: ID 83440	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):  208-757-9730
	Secretary of State use only
Signature: (signature required)  Printed Name: Jason Hason  Capacity/Title: RESIDENT	IDAHO SECRETARY OF STATE  95/01/2006 05:00  CK: 5623 CT: 199772 BH: 952084  1 9 25.00 assum make 1 2