

VOID EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 OCT 21 AM 9:28

SECRETARY
STATE OF IDAHO

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:

BEL BERN

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
<u>BELVA M SIEBERS</u>	<u>46 HARRIS CREEK RD.</u>
<u>BERNIE SIEBERS</u>	<u>HORSESHOE BEND, ID 83629</u>
	<u>46 HARRIS CREEK RD.</u>
	<u>HORSESHOE BEND, ID 83629</u>

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

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

46 HARRIS CREEK ROAD
HORSESHOE BEND, ID
83629-8000

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

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

SAME.

Phone number (optional):

(208) 793-3292

Secretary of State use only

Signature

Bernie Siebers

(signature required)

Printed Name:

BERNIE SIEBERS

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

g:\compform\idbn form\idbn.pdf
Revised 04/2003

DS1198

IDAHO SECRETARY OF STATE
10/21/2004 05:00
CK: 2038 CT: 158010 BH: 772413
1 @ 25.00 = 25.00 ASSUM NAME # 2