

Printed Name:

Capacity/Title:__

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 SEP 27 PM 1: 25

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECREDAL OF STATE
STATE OF DAHO

	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
•	Name	Complete Address
	Scott A. Cleverly 8	III Fisk St Parma ID
•	The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
	The name and address to which future correspondence should be addressed: SCOTT CHOWNIA SILFISK ST Parma TD 83660	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):	Phone number (optional):

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IDAHO SECRETARY OF STATE

99/27/2005 05:00

CK: CASH CT: 158010 BH: 913808
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