

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP 13 AM 8:41

## SECRE ARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the un business is:	dersigne	d use(s) in the transaction of	
	Selkirk Information Technology			
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name  Carl H. Miller			
3.	The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities  Wholesale Trade Construction			
	<ul><li>✓ Services</li></ul>		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4.	The name and address to which future correspondence should be addressed:  667 Spades Rd. Sagle, Idaho		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt		
	A 1 12 1 22		Secretary of State use only	
_	Printed Name: Carl H. Miller		0142084	
Capacity/Title: Owner		IDAHO SECRETARY OF STATE		
Signature:			09/13/2010 05:00 CK: 566084879 CT: 158010 BH: 1238470 1 0 25.00 = 25.00 ASSUN NAME # 2	
Printe	Printed Name:			