Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| | The assumed business business is: | | | STATE OF | |
|---|---|---|-------------------|---|---|
| | Silver | Produc | 11000 | Co. | |
| ١ | The true name(s) and b business under the ass Name | umed business | name is/are: | | , |
| | The general type of bus (merk only those that apply) Retail Trade | siness transacted Manufactu | powering | | ess name is: n and Public Utilitie |
| | Wholesale Trade | Agriculture | e 🗌 | Finance, Insu | rance, and Real Es |
| | Services The name and address correspondence should | Constructi to which future be addressed: | ion 🗌 Phone nu | Mining mber (optional) | 200)466-68- |
| | Services The name and address correspondence should Silver Production 623-614 Ave 3 | Construction to which future be addressed: | ion 🗌 Phone nu | Mining mber (optional)(Submit C Assumed | |
| | Services The name and address correspondence should Silver Produ | Construction to which future be addressed: Cons Cons Cons Cons Cons Cons Cons Cons | Phone nu | Mining mber (optional) (Submit C Assumed Name an Secretary 700 West Basemer PO Box 8 | ertificate of Business d \$20.00 fee to: of State t Jefferson of West 33720 83720-0080 |

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