

Printed Name: <

(see instruction #8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. NOTE: See instructions on reverse before filing.

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly. NOTE: See instructions on reverse before	e undersigned siness Name.
 The assumed business name which the under business is: SP EQUITY FUND The true name(s) and <u>business</u> address(es) 	of the entity or individual(s) doing
	Complete Address 13 114h Ave N., Buhl, 10. 833/6
The general type of Educates transacted under	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
913 144 Ave North Biehl, 10. 833/6 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional): 208-543-9170
Signature: Itella Ufonce	Secretary of State use only

IDANO SECRETARY OF STATE 09/05/2003 05:00 CK: 1336 CT: 158010 BH: 780114 0 25.00 = 25.00 ASSUM NAME # 2

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