	-	<u> </u>	FECTIVA
			OB AUC OF
	ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned		SECON
submits for filing a certificate of Assumed I		ame.	STATE OF
Please type or print legibly. NOTE: See instructions on reverse before	ore filing.		OB AUG 27 AN SECRETARY OF STATE OF ID
<ol> <li>The assumed business name which the un business is: SPECIALTY IM</li> </ol>	-		on of
<ol> <li>The true name(s) and business address(es business under the assumed business name)</li> </ol>	•	ntity or individual(s) doir	ng
Name	Complete Address		
S.I.R., LLC	850 IRONW	OOD DR., STE 301, COEUR D' ALI	ENE, ID 83814
W77172			
3. The general type of business transacted ur	nder the a	ssumed business name	e is:
Retail Trade   Transportation     Wholesale Trade   Construction	n and Put	olic Utilities	
Services Agriculture		Submit Certificate of Assumed Business	
Finance, Insurance, and Real Estate		Name and \$25.00 fee	to:
4. The name and address to which future		Idaho Secretary of State	•
correspondence should be addressed:		450 N 4th Street PO Box 83720	
850 IRONWOOD DR., STE 301, COEUR D' ALENE, ID 83814		Boise ID 83720-0080	
		(208) 334-2301	
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	ent		
		Secretary of State us	se only
	Ъ.		
	gʻicorpitionnishtin formishtin p65 Revised 04/2003		
Printed Name: DAVID KING	Nathin For act D4/200		
Capacity/Title: MANAGER	rp\forms Revia	08/27/2	CRETARY OF STATE 2008 05:00
(see instruction # 8 on back of form)	50).B	CK: 10951 CH 1 0 25.00 =	: 43788 BH: 1133289 25.00 Assum Name #
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