

## **CERTIFICATE OF** ASSUMED BUSINESS INFAIRL Pursuant to Section 53-504, Idaho Code, the undersigned State for filing a certificate of Assumed Business Name. STATE OF IDAHO

PILED EFFECTIVE

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

business is:  SRI Consultant	ts.
The true name(s) and business address( business under the assumed business na	es) of the entity or individual(s) doing ame:
Name	Complete Address
KANDALL LEE SMETH	2521 E 3820 N TWENFALLS ED 8330
SUSAN MAE SMETH	2521 & 3820 N TWEN FALLS EN 833
Wholesaie Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sum + Panny Smeth  2521 E 3820 N  Twin Falls ED 83361	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgm copy is (if other than # 4 above);</li> </ol>	ent Phone number (optional):
,	208/ 734-8431
SAME AS #4	Secretary of State use only
gnature: Lusus (signature required) inted Name: RANDAILLEE SMITH_ apacity/Title: CWNER	IDAHO SECRETARY OF STATE  99/01/2004 05 : 06  CK: 5679687411 CT: 158810 BH: 76

09/01/2004 05:00 CX: 5879687411 CT: 158810 BH: 764888 1 8 25.88 = 25.88 ASSUM NAME # 2

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